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PUBLIC WORKS

**SIDEWALK IMPROVEMENT
APPLICATION / RIGHT OF WAY PERMIT**

Date: _____

Owner's Name: _____ Daytime Phone #: _____

Owner's Address: _____ Alternate Phone No.: _____

Location of construction: _____

Contractor contact information: _____

(if other than self)

Contact Phone #: _____

Sidewalk details:

- Front yard Side-yard ADA Ramps *

Brief description of sidewalk to be replaced:

The following conditions will apply:

The work to be done by competent person(s) with the proper equipment/tools.

Construction will be in accordance with standard specifications.

Backfill should be accomplished within 48 hours after forms are removed.

Old survey stakes must be left in place.

* Please contact us if ADA ramps need to be completed as part of this project.

I hereby agree to the above conditions:

Printed Name: _____

Signature of Applicant: _____ Date: _____

(Expires 6 months from date of application)

Approved: _____ Date: _____

Denied: _____ Date: _____

******* The following inspection is required *******

Pre-concrete inspection (form-work)

Must be completed prior to concrete purchase

Approved: _____

Date: _____

Total yards of concrete to be purchased by the City for the SIDEWALK PORTION:

Total yards of concrete to be purchased by the City for the PORTION THROUGH THE DRIVEWAY:

Property Address: _____

	Length	Width	Depth	Total
N S E W Front Yard				
N S E W Side Yard				
N S E W Side Yard				
Total Yds for sidewalk portion				

Driveway				
Driveway				
Total Yds for driveway portion through sidewalk				

TOTAL YDS APPROVED

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