Date: _____

Permit No.: _____

Check No.: _____

TOWN OF WESTFIELD

SIDEWALK PERMIT

INSTALLATION, REPAIR OR ALTERATION

PERMISSION GRANTED TO:

Name: _____

Email: _____

Phone No.: _____

For the installation, repair or alteration to the sidewalk at:

Address _____

(Please attach location sketch and/or description)

Please email Chris Roth in the Engineering Office at croth@westfieldnj.gov to schedule an inspection of the work. Inspections must be scheduled **24 TO 48 HOURS BEFORE** the sidewalk is poured.

Inspection Date: _____

Approved By: _____