



103 Canton Avenue, P.O. Box 517, Montevideo, MN 56265
Telephone: 320/269-6575 Fax: 320/269-9340

CURB & SIDEWALK CONSTRUCTION PERMIT

DATE: _____

\$25.00 FEE: _____ DATE PAID

PERMIT NO: _____

Property Address: _____

Applicant Name: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____

Owner Name: _____ Phone: _____

Address: _____

Legal Description: _____

Zoning District: R1 R2 R3 B1 B2 FP I1 I2 AO MB

Description of Proposed Construction: _____

Estimated Start Date: _____ Estimated Date of Closure: _____

Public Works Department: _____ Utilities Department: _____

The undersigned certifies that the above information is correct and agrees to comply with City of Montevideo requirements for curb and sidewalk construction. The undersigned also agrees to haul debris to a permitted site in compliance with Minnesota Statute.

Applicant Signature

Building Official Signature

Date