



**SIDEWALK PERMIT APPLICATION**  
**CITY of CAPE GIRARDEAU**

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

**Project Title**

**Property Address/Location**

**Project Description**

**Sidewalk Width**

<b>Property Owner</b>		<b>Address</b>		<b>City, State, Zip</b>	
Telephone		Fax		Email	
<b>Contractor's Name</b>			<b>Design Professional of Record's Name</b>		
Contractor's Business Name			Design Professional's Business Name		
Mailing Address		City, State, Zip	Mailing Address		City, State, Zip
Telephone		Email/Fax	Telephone		Email/Fax

**CERTIFICATION**

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS DRIVEWAY PERMIT. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF PLAN REVIEW AND PERMIT APPROVAL. I HAVE READ THE APPLICATION AND INFORMATION SHEET AND I FULLY COMPREHEND THE INFORMATION I AM REQUIRED TO SUBMIT FOR PLAN REVIEW.

\_\_\_\_\_  
 Owner/Agent Signature

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ SEALED, SIGNED & DATED Construction Documents \_\_\_\_\_ **SW-** \_\_\_\_\_

Valid License \_\_\_\_\_ Insurance \_\_\_\_\_ Variance? Date \_\_\_\_\_ SUP? Date \_\_\_\_\_

Floodplain Dev. ? \_\_\_\_\_ Stormwater/Site Plans \_\_\_\_\_ Soil Report \_\_\_\_\_ Total Cost of Construction \_\_\_\_\_

Parcel Number \_\_\_\_\_ Zoning District \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot Number \_\_\_\_\_

**CITY OF CAPE GIRARDEAU  
SIDEWALK PERMIT APPLICATION  
INFORMATION SHEET**

Submit the following items to the Development Services Department for review:

1. A completed permit application form.
2. Two site plans meeting sections 25-906 and 25-911 of the City's Code of Ordinances.

The site plan should include, but is not limited to, the following list of items:

1. The site plan shall be drawn in accordance with an accurate boundary line survey.
2. Drawn to scale with the scale indicated on the plans.
3. A North arrow.
4. Show the building setbacks and locations of all easements.
5. The location of all existing structures on the lot.
6. The location and size of existing and proposed public utilities and private services including electric, gas, sanitary and storm sewer, and water.
7. The street name(s) and location(s).
8. Sidewalk and ADA required sidewalk dimensions and slopes.

All sidewalk permits for State Highways, i.e. Routes K and W, Highways 61, 177 and 74, shall be obtained from the Missouri Department of Transportation: (573) 472-5389.

Submittals are subject to a minimum five (5) business days review process. Plan Review will not begin before the completed permit application form is submitted.