

# ***Borough Of Birdsboro***

**202 East Main Street  
Birdsboro, PA 19508  
Phone: 610-582-6030  
Fax: 610-582-6039**

## **SIDEWALK AND CURBING APPLICATION**

Date: \_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

**Contractor: (if work by other than property owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

License No: \_\_\_\_\_

Property Address where Work is to be Performed: \_\_\_\_\_

Location and Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

By signing this application, I certify that I have reviewed and understand all current applicable ordinance criteria and borough specifications governing sidewalks and curbs. All specifications and requirements are available at Borough Hall. Furthermore, if application is being made by anyone other than the property owner, I hereby certify that the proposed work is authorized by the owner of record and I have been authorized to make this application as his/her authorized agent.

\_\_\_\_\_  
**Signature – Owner of Record or Authorized Agent (cross one out)**

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_