

Ph: 563-941-7380
FAX: 563-941-5870



P.O. BOX 310,
501 MAIN STREET
LOWDEN, IA. 52255

CURB AND GUTTER PERMIT APPLICATION

APPLICANT NAME: _____ APPLICANTS SIGNATURE: _____

EMAIL: _____ @ _____ TEL: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

CONTRACTOR COMPLETING ON BEHALF OF CLIENT: NAME: _____ COMPANY: _____

ADDRESS: _____ LICENSE #: _____ PH: _____

PERMIT FEE: \$10.00 – Payable by Check, Money Order or Cash.

STATE LAW REQUIRES YOU TO NOTIFY IOWA ONE CALL AT LEAST 48 HRS BEFORE DIGGING – 1800-292-8989.

PROPERTY TYPE: Single Family ___ Multi-Family ___ Condo/Duplex ___ Commercial ___ Other ___

Length of Curb and Gutter to be installed: _____

Width of Curb and Gutter to be Installed: _____

Location of Installed Curb and Gutter - Front, Rear, Side etc. _____

The City of Lowden's Public Works Department will visit the property/job site prior to council review, during construction and final inspection/completion.

Applicant/Contractor initial Here: _____

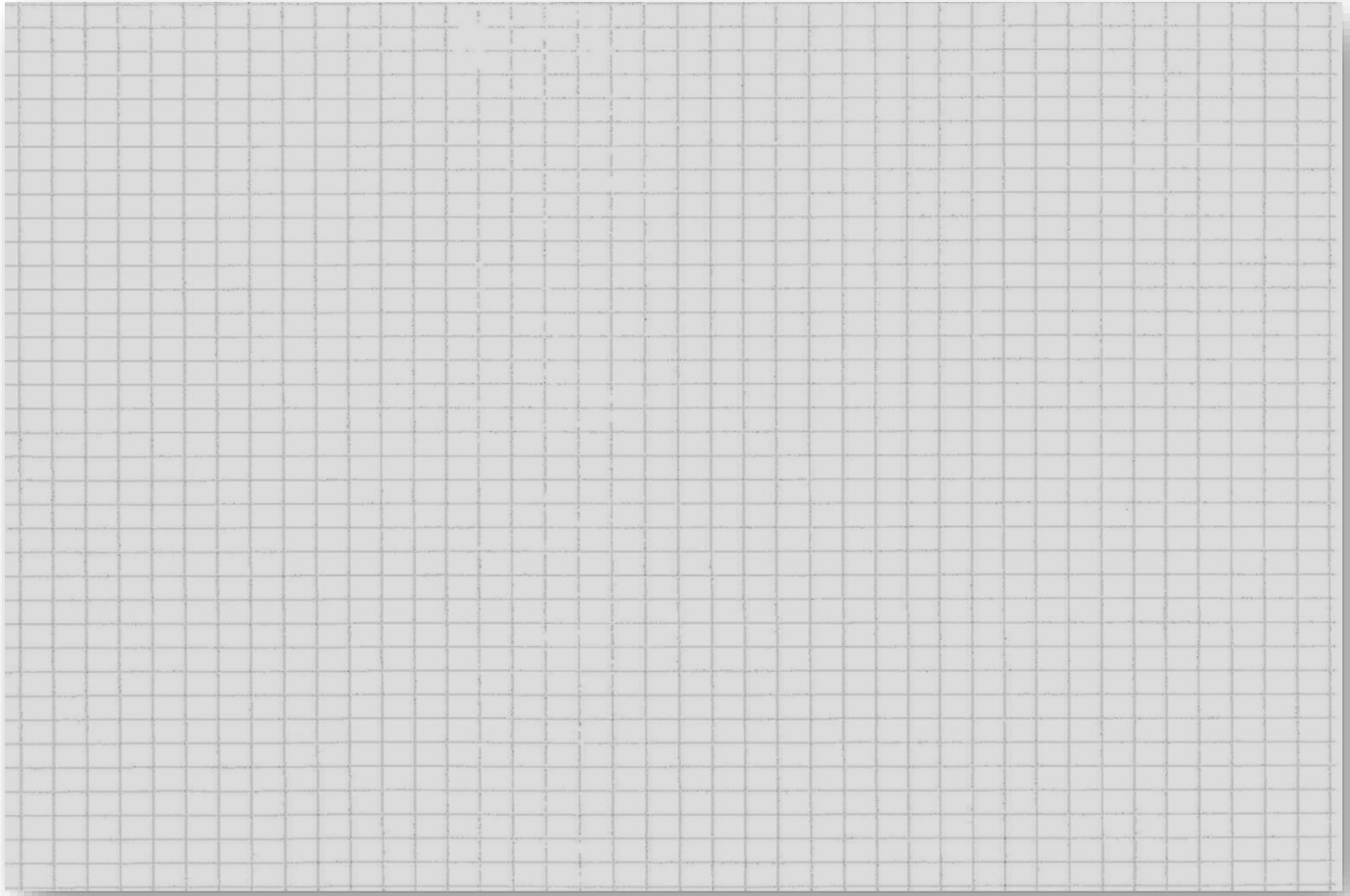
This application will expire 90 days from the date that the permit is approved by Lowden City Council. I agree to comply with all ordinances of the City of Lowden and with the specifications for curb and gutter adopted by the City of Lowden. A new permit, fee and approval will be required after 90 days.

Applicant/Contractor initial Here: _____

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OFFICIAL USE ONLY:

DATE APPLICATION RECEIVED: _____ LOT SURVEY RECEIVED: _____

PERMIT FEE RECEIVED - \$10.00 _____ CHECK/ CASH RECEIPT # _____

PUBLIC WORKS REVIEW/APPROVAL SIGNATURE: _____ DATE: _____

CITY COUNCIL APPROVAL/DENIED DATE STAMP: _____