



**APPLICATION FOR CURB, GUTTER, SIDEWALK REPAIR AND
PROVISIONAL/STANDARD SIDEWALK COMPLIANCE CERTIFICATE**

Please complete all information below. Current telephone and email are required to process application.

Permit Type: <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Curb/Gutter/Sidewalk Repair <input type="checkbox"/> Standard Certificate		
Provide related permit numbers: PX / SL / B / GR / X / others _____		
Site Address:		
Applicant's Name	First:	Last:
Telephone / Email	Phone:	Email:
Affiliation: <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Agent <input type="checkbox"/> Realtor <input type="checkbox"/> Owner <input type="checkbox"/> Prospective Buyer		
Business Name:		
Contractor/Realtor Info	License #:	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C-8 <input type="checkbox"/> D-6
USA # (for sidewalk repair only)		Date:

Provisional Certificate

90-Day Extension

Condominium Unit Exemption: APN _____ Unit No. _____

Individual HOA Unit Exemption (NOT condominium): APN _____

No Sidewalk – courtesy exemption (please provide photos verifying no sidewalk)

Standard Sidewalk Compliance Certificate (To be filled out by contractor **ONLY**)

Type:

Single Family Residential Home

Entire Condominium Complex/HOA units: List all APN(s)/Unit No.(s) _____

Photo Requirements (please attach to application):

Photo of sidewalk showing subject **property/house number**

Photo of Sidewalk (plan view)

Curb, Gutter, Sidewalk Permit (To be filled out by contractor **ONLY**)

<i>Is this sidewalk repair for certification purposes/(title transfer)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Gutter Length	Curb Length
<input type="checkbox"/> New or Wider Driveway (Plan by Civil Engineer approved by Planning)	Area (square feet)	_____
<input type="checkbox"/> Repair/Replace Sidewalk	Area (square feet)	_____
<input type="checkbox"/> Repair Driveway	Area (square feet)	_____
<input type="checkbox"/> Sidewalk Underdrain	Number of Underdrain	_____
<input type="checkbox"/> Driveway Appeals	Area (square feet)	_____

APPLICANT HAS READ AND ACKNOWLEDGES THE FOLLOWING:

- 1) Permit fee(s) owed per City of Oakland Current Master Fee Schedule.
- 2) Licensed Professional certifies that they have adequate Workers' Compensation Insurance.
- 3) Licensed Professional has a valid Oakland Business License.
- 4) By signing below, applicant certifies that all information provided herein is true and correct to the best of their knowledge.

Applicant's Signature _____ Date _____ (Print name and title under signature)	<u>THIS BOX FOR OFFICE USE ONLY</u>
	Staff Preparing Permits _____ Date _____ CGS200 _____