CITY OF CANTON
210 N. Dakota Ave, Canton, SD 57013
SIDEWALK AND DRIVEWAY PERMIT

Total Fee:_____
Paid/Charged:_____
Staff ID:_____

Date:_____(Permit valid for 30 days only) Permit No._____

Job Address:_____

Permit Fees
Driveway Approach and/or Curb Cut ($25.00):_____ Sidewalk (No Charge):_____

Property Owner:_____ Contractor:_____
Address:_____ Address:_____
Home Phone:_____ Work Phone:_____
Work or Cell #:_____ Cell Phone:_____

Contractor's Insurance Company:_____

Is insurance policy on file with City? ☐**(Yes)** ☐**(No)**

Does the Contractor's insurance meet City minimum coverage requirements? ☐**(Yes)** ☐**(No)**

Work may not start until Contractor's insurance policy meeting City minimum coverage is on file with the City.

Notices

- All permit fees shall be paid before City will issue a permit.
- All work shall be completed in accordance with City ordinances and City engineering design standards including standard specifications and details. All work not in conformance with these standards shall be immediately repaired or replaced.
- The area within the street right-of-way shall be cleaned up to the satisfaction of the Public Works Director immediately following completion of the work.
- It is the Contractor's responsibility to contact SD One-Call prior to performing any work.

Signature of Applicant:_____ Date:_____

Permission is hereby granted for the above applicant to perform said work:

Signature of Authorized Official:_____ Date:_____

----------FOR OFFICE USE ONLY----------

Work Inspected on:_____ By:_____

Installation Accepted and Complete:_____

Installation Unacceptable, Note Reason(s): _____

_____

_____

Work Corrected and Accepted on:_____ By:_____

Inspector's Notes: