

2017
SIDEWALK USE PERMIT
CITY OF OROVILLE

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

REQUESTED USES, INCLUDE ANY SPECIAL DATES AND LOCATION: _____

OBSTRUCTION TYPE: _____ OBSTRUCTION SIZE: _____

(Attach plans)

OWNER NAME: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

APPROVED: _____ DATE: _____

CONDITIONS: _____

THIS PERMIT IS TO BE RENEWED YEARLY

*Traffic vision and
pedestrian traffic flow
must not be impeded
by obstruction / use
placement*