



# SIDEWALK PERMIT APPLICATION

Date of Application: \_\_\_\_\_ Permit Expires: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING:

- A drawing showing:
  - sidewalk width from the front of the building to the street edge
  - required 36" of pedestrian passageway
  - location and dimensions of the outdoor sidewalk area/ chairs/signage
  - location of trash receptacles and/or any other accessory within the sidewalk area.
  - indicate the number of and location of tables and chairs within the sidewalk area.
  - any City trash receptacles, trees, planters, plant containers, newspaper holders.
- Legal description of property
- Copy of Alcohol Permit
- Permit Fee \$100.00

The undersigned hereby certifies that he/she has reviewed and agrees to abide by the requirements for Sidewalk Permits as adopted by the New Iberia Board of Trustees on May 17, 2005 by Resolution No. 2005-06. The undersigned further agrees to indemnify and hold harmless the City of New Iberia, its officials, officers and employees, from and against any and all claims, causes of action, suits, damages, costs, losses and expenses (including, but not limited to, attorney's fees) for personal injury and/or property damage which arise out of or may be related to activities, or activities related to those activities, as described in this permit, save and excepting therefrom any negligence of or by the City of New Iberia, its officials, officers, or employees.

Further, the undersigned agrees to indemnify and hold harmless the City of New Iberia, its officials, officers and employees, from and against any and all claims, causes of action, suites, damages, cost, losses and expenses (including, but not limited to attorney's fees) which arise our of or may be related to the failure of the undersigned to comply with the Americans with Disabilities Act (the "ACT"), the Louisiana State Building Code (the "Code"), any regulations promulgated pursuant to the Act or the Code and all other health and safety laws and regulations. I/We understand that our lack of meeting all requirements may result in denial or cancellation of this permit.

Applicants' Signature: \_\_\_\_\_

Applicant's Name: (PLEASE PRINT) \_\_\_\_\_

## FOR OFFICE USE

Application Complete       Attachments       Current Alcohol Permit

## NOTIFICATION

Police       Planning & Zoning       Risk Management

\_\_\_\_\_  
Mayor's Signature

\_\_\_\_\_  
Date