



**Kingsburg City Hall**

1401 Draper Street  
 Kingsburg, CA 93631  
 Phone 559-897-5821  
 Fax 559-897-5568

**Façade/Alley Improvement Application**

<p><b>Applicant Information</b></p>	<p><b>For Office Use Only</b></p> <p>Permit # _____</p> <p>New/Renewal _____</p>
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Name of Applicant:	
Business Name:	
Project Address:	
Phone:	Fax:
Applicant Signature:	
Property Owner Name (if different):	
Address:	Prop. Owner Approval:
Phone:	Email:

TO BE COMPLETED BY APPLICANT		TO BE COMPLETED BY CITY STAFF		
The following items are required to process an Application.				
		YES	NO	N/A
<input type="checkbox"/>	City of Kingsburg Business License			
<input type="checkbox"/>	Valid Insurance Policy (naming City as additional insured)			
<input type="checkbox"/>	Improvement in City right-of-way			
<input type="checkbox"/>	Two qualified construction estimates submitted			
<input type="checkbox"/>	Project meets eligibility requirements			
<input type="checkbox"/>	Permit Fee (\$25.00 processing fee)			
<input type="checkbox"/>	Detailed Project Description Submitted (budget, construction timeline, etc.)			
<input type="checkbox"/>	Drawings and color samples provided			
<input type="checkbox"/>	Amount of reimbursement requested	\$		

I will defend, indemnify and save harmless the City of Kingsburg and its officers and employees from any and all loss, liability, damages, or judgments resulting from any claims made against any of them for injury to person(s) or property by reason of, or in connection with, the operation of any outdoor dining facility on a public sidewalk or pedestrian right of way or for injury to person(s) or property by reason of or occurring on the premises occupied by the outdoor dining facility. I further agree to repair any damage caused to the sidewalk, pedestrian right of way or any public utility in the operation of the outdoor dining facility at my expense.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:    Yes    No

Staff Review: \_\_\_\_\_

Date: \_\_\_\_\_