

# APPLICATION FOR SIDEWALK ASSISTANCE

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Application Received: \_\_\_\_\_

The existing sidewalk (parallel to the street) that the owner wants removed by the city **must** be marked by the owner prior to removal. **Want sidewalk removal to be done by the City? Yes No**

## SIDEWALK INFORMATION (CHECK ONE)

New \_\_\_\_\_ Replacement \_\_\_\_\_  
\_\_\_\_\_

(Note: If corner lot, show each side as separate measurement)

Length \_\_\_\_\_ feet Width \_\_\_\_\_ feet Thickness \_\_\_\_\_ Inches  
Length \_\_\_\_\_ feet Width \_\_\_\_\_ feet Thickness \_\_\_\_\_ Inches

TOTAL YARDS: \_\_\_\_\_

## ESTIMATE OF MATERIALS COSTS (i.e. costs of concrete, joint sealers, admixtures, and reinforcements only)

Concrete \_\_\_\_\_ cubic yards @ \$ \_\_\_\_\_ per cubic yard TOTAL \$ \_\_\_\_\_  
Steel \_\_\_\_\_ linear feet @ \$ \_\_\_\_\_ per linear foot TOTAL \$ \_\_\_\_\_

TOTAL MATERIAL COSTS \$ \_\_\_\_\_ TOTAL CITY SHARE 50% \$ \_\_\_\_\_

## NAME & ADDRESS OF CONTRACTOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_

City share shall not exceed fifty percent (50%) of the actual cost of materials.  
The City reserves the right to review all estimates.

Sidewalk Length _____ feet	OFFICE USE ONLY	Concrete _____ cubic yards
Sidewalk Width _____ feet	Thickness _____ inches	Steel _____ liner feet
Inspected by Signature _____		Date of Inspection _____

After completion of the sidewalk, a request for reimbursement must be submitted in accordance with Policy No. A-87. I hereby acknowledge receipt of Policy Code No. A-87 this date \_\_\_\_\_.

\_\_\_\_\_  
City Clerk Signature of Applicant

DATE REMOVAL COMPLETED \_\_\_\_\_ BY: \_\_\_\_\_

Note: Applicant must notify the City after forms are set or at least 24 HOURS in advance of pour to allow inspection.