CITY OF SEDGWICK
Application for Sidewalk Repair & Replacement

This section to be filled out by <u>Property Owner</u> wanting city assistance.

Date: _____ Name: _____

Phone No.: _____ Address: _____

Length & Width of project (provide drawing) _____

Driveway crossing? YES NO How Many: _____
(Circle One)

Tree, Shrubs to trim or remove? YES NO
(Circle One)

Are there A.D.A. requirements on this project? YES NO
(Circle One)

Cost of completed project: _____

<u>City reserves the right to ask for two or more bids on project if they deem necessary for any reason.</u>

Date project is to begin if approved: _____

Date project is to be completed if approved: _____

Name of Contractor or person doing the project: _____

Phone Number: _____ Address: _____

Signature of Property Owner:

<u>To be filled out by City Staff</u>

Date application received: _____

Application: **APPROVED** **DENIED**

Comments if applicable _____

Signature of Authorized City Staff _____

PLEASE ALLOW SEVEN (7) DAYS FOR PROCESSING

<u>The following is to be filled out by the city and must be signed by a designated Agent of the city before payment of the city's share of project proposal is paid.</u>

Date of first inspection prior to construction: _____

Date of final inspection: _____

Project approval city share of project: YES NO

Comments if applicable: _____

City will make one payment in full for their share made out to the property owner and contractor or contract person of project after final inspection and approval by authorized city staff.

Approved for payment signature of authorized city staff: _____

Please allow up to thirty (30) days for city processing of expenditure payment.