

CITY OF SEDGWICK
Application for Sidewalk Repair & Replacement
EMAIL COMPLETED FORM TO knordick@cityofsedgwick.org

This section to be filled out by Property Owner wanting city assistance.

Date: _____ Name: _____

Phone No.: _____ Address: _____

Do you want the City to obtain the quotation? (if no, one must be obtained and attached to application)

YES NO

Driveway crossing? YES NO How Many:

Are there trees/shrubs that need removed? YES NO

Are there A.D.A. requirements on this project? YES NO

Do you have a quotation of work? YES NO

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

Date project is to begin if approved:

Signature of Property Owner:

To be filled out by City Staff

Date application received: _____

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

Comments if applicable _____

Signature of Authorized City Staff _____

PLEASE ALLOW SEVEN (7) DAYS FOR PROCESSING

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.

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.