

SIDEWALK PROGRAM APPLICATION

Job Address: _____

Owner's Name: _____

Owner's Address: _____ Phone: _____

Contractor's Name: _____

Contractor's Address: _____ Phone: _____

Permit Number: _____ Date Issued: _____

I agree to the terms of \$1.50 per sq. ft. being reimbursed by the City of Maryville through the City's Sidewalk program, as funds are available. This reimbursement is subject to meeting all requirements of the City of Maryville Ordinance, Chapter 545, Article III, Sections 545.250 and 545.260. On a corner lot the sidewalk must be replaced with handicap accessibility. **All work requires three (3) inspections. They are as follow: 1 - before excavation, 2 - before concrete is poured and after forming is complete and 3 - when entire project is complete.**

Applicant's Signature: _____ Date: _____

Preliminary Inspection Date: _____ Inspected By: _____

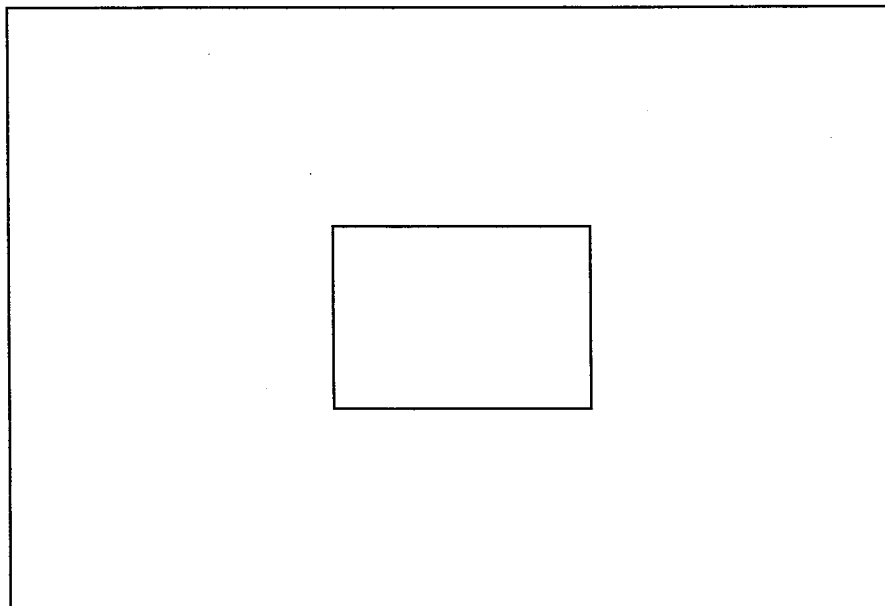
Sq. Ft. _____ x \$1.50 = _____ (Amount to be reimbursed by City)

Final Inspection Date: _____ Inspected By: _____

Approved / Denied (For Reimbursement)

Inspectors Signature _____ Date _____

Date processed for payment: _____



N
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Reimbursement approval is good for 60 days. If the project is not completed by _____ a new application will need to be filled out.