

APPLICATION FOR CITY OF BRADFORD SIDEWALK PROGRAM

Name_____

Address_____

Telephone No._____

Name of Owner_____

(If different from Applicant)

Address of Owner_____

(If different from Applicant)

Telephone No. of Owner_____

(If different from Applicant)

Contractor Name_____

Address:_____

Telephone No. _____ Fax No._____

Location and Description of the Proposed Sidewalk Replacement:

Measurements:

Length (Feet)_____ Width (Feet)_____ Sq. Feet _____

The City of Bradford will verify these measurements prior to giving approval of this application. Upon verification of property ownership & income status (for CDBG funding only) and review of contractor quotations, the City will either approve or deny this application.

Should this application be approved, the applicant/property owner hereby agree (s) to arrange for the completion of all work according to the specifications and guidelines for the replacement of sidewalk as provided in the attached documents.

The City does not recommend contractors for this Program. It is the property owner's responsibility to select a contractor.

All completed work must be inspected and approved by the City prior to payment to the applicant/property owner.

Date

Applicant Signature

Date

Property Owner Signature

(If different from Applicant)

Date

City Authorization

Title:
