



Building Department
 541 DeKalb Ave.
 Sycamore, IL 60178
 Phone (815) 895-4434
 Fax (815) 895-7572
www.cityofsycamore.com

SIDEWALK PERMIT NO.

APPLICATION FOR PUBLIC SIDEWALK REPLACEMENT

THIS APPLICATION MUST BE LEGIBLE AND COMPLETE

Please note that sidewalk replacement reimbursement will occur **only if** funding is available and **if work has not started** prior to an inspection done by the City of Sycamore staff. The reimbursement rate is \$4.00 per square foot.

PROPERTY OWNER INFORMATION - CHECK IF APPLICANT

NAME OF OWNER _____

SITE ADDRESS _____ DAY PHONE _____

CONTRACTOR INFORMATION- CHECK IF APPLICANT

COMPANY _____ ADDRESS _____

CONTACT NAME _____ DAY PHONE _____

CITY'S REIMBURSEMENT CHECK TO BE SENT TO: (PRINT CLEARLY)

NAME _____

Address _____ City/State/Zip _____

DATE: _____

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY

<u>Inspection Type</u>	<u>Date Inspected</u>	<u>Initials</u>
Preliminary Inspection		
Form Inspection		
Final Inspection		

Inspector's Signature/Date _____

	L	W	D	Square Feet
Proposed Dimensions				
Actual Dimensions				
Amount Paid @ \$4.00/Sq. Ft.				\$
Handicap Ramps at \$25.00 each				\$
Total Reimbursement (22-000-8321)				\$