



Engineering Department  
541 DeKalb Avenue  
Sycamore, IL 60178  
O# (815) 895-4557  
Com Dev# (815) 895-4434 (Inspection Only)  
[www.cityofsycamore.com](http://www.cityofsycamore.com)

SIDEWALK PERMIT NO.

## **REIMBURSEMENT APPLICATION FOR PUBLIC SIDEWALK REPLACEMENT**

THIS APPLICATION MUST BE LEGIBLE AND COMPLETE

**(PRINT CLEARLY)**

Please note that public sidewalk replacement reimbursement will occur **only if** funding is available and **if work has not started** prior to an inspection being done by the Engineering Department staff. The reimbursement rate is \$12.00 per square foot.

Eligible reimbursements apply to **newly replaced sidewalks only**. Sidewalk repairs utilizing concrete leveling (mudjacking), grinding or similar methods **do not** qualify for reimbursement.

### **PROPERTY OWNER:**

NAME OF OWNER \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_ DAY PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

### **CONTRACTOR - CHECK IF PROPERTY OWNER ☐**

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

### **CITY'S REIMBURSEMENT CHECK TO BE SENT TO: - CHECK IF PROPERTY OWNER ☐**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

### **OFFICE USE ONLY**

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

City Approval Signature/Date \_\_\_\_\_

	L	W	D	Square Feet
Proposed Dimensions				
Actual Dimensions				

Amount Paid at \$12.00/sq. ft. \$

Handicap Ramps at \$12.00 /sq. ft. \$

**Total Reimbursement (10212-50212-57030) \$**