

# Sidewalk Improvement Program Application

---

City of Story City

504 Broad Street | 515-733-2121

Date: \_\_\_\_\_

Property Owner:
Property Address:
Phone Number:
Email:

Is the property used exclusively for residential occupancy?  Yes  No

Have you received funding from this program during the last 12 months?  Yes  No

Quantity of sidewalk to be replaced:

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Estimated cost to replace sidewalk: \$ \_\_\_\_\_

Please attach a sketch showing the location of the sidewalk as it is located on your property.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Reimbursement will only be disbursed after the following conditions are met:**

- Final inspection and approval of work
- Bill showing the actual replacement cost
- Proof of payment to the contractor

**Office Use Only**  
-----

Sketch received:  Yes  No

Bill & proof of contractor payment received:  Yes  No

Date of final inspection and approval: \_\_\_\_\_

Date of disbursement of funds: \_\_\_\_\_