

**CITY OF HUBBARD
SIDEWALK REIMBURSEMENT PROGRAM**

APPLICATION

In order to qualify for sidewalk construction reimbursement please submit the following information:

Owner(s) _____ Phone No. _____

Property Address _____

Mailing Address _____
(if different from property address)

Contractor Information. Only licensed contractors may perform work in the public right of way.

Name _____

Address _____

Phone No. _____

License No. _____

Please complete a site plan on the reverse side of this form.

I have read the attached description of the Sidewalk Reimbursement Program and agree to comply with the stated requirements in order to receive reimbursement.

Applicant _____
Date

Please include a copy of written quote from contractor.

For questions or further information, contact Public Works Superintendent Jaime Estrada at (503) 982-9429.

..... *For City of Hubbard Use*

Approve/Disapprove By: _____ Date: _____

Date of Approval Letter Sent _____

Date of Inspection _____

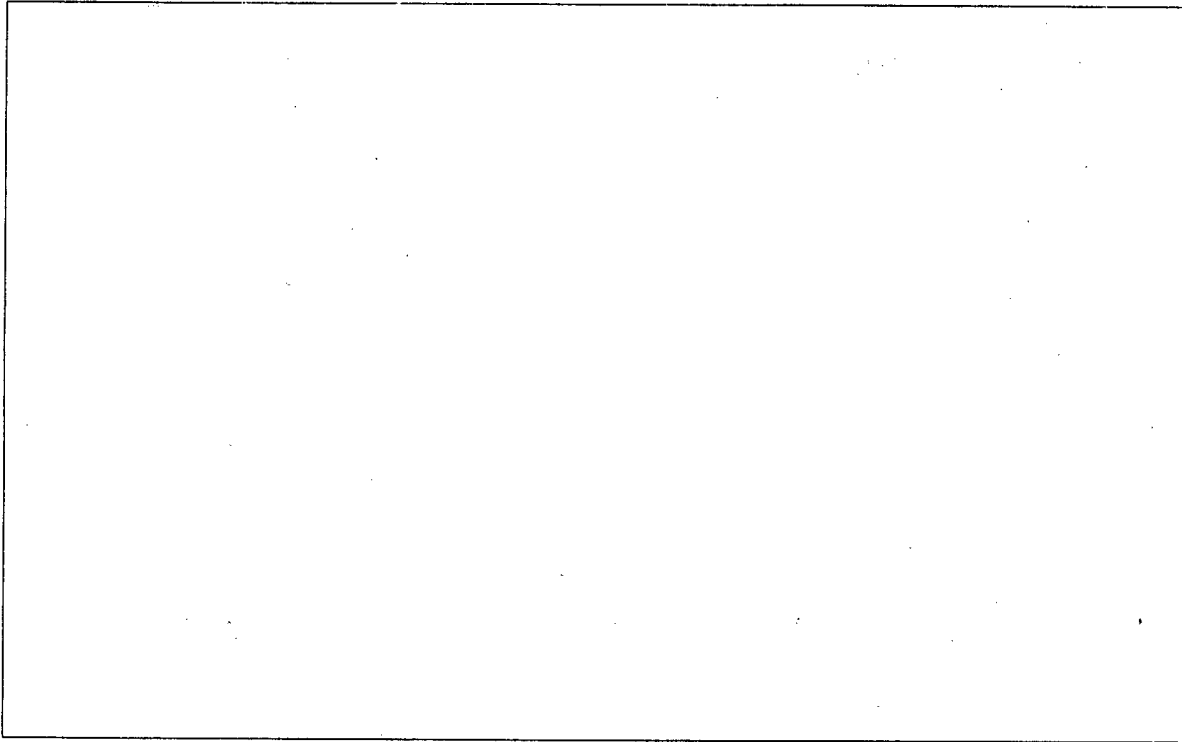
Reimbursement Amount \$ _____

Payment Date/Voucher No. _____

Comments: _____

Site Plan Directions:

Referring to the sample below, please indicate property lines, curbs (edge of street pavement where there are no curbs), existing sidewalks, driveways, the section of sidewalk to be replaced/installed, and any other relevant information.



Please indicate the following dimensions:

Existing sidewalks.

Width _____ Length _____

New sidewalks.

Width _____ Length _____

Sample Site Plan

