



SIDEWALK REIMBURSEMENT APPLICATION

Application Date: _____ Applicant Name: _____

Sidewalk Contractor: _____ Contractor Registration Number _____

Contractor Phone No. () _____.

Sidewalk Location: _____

Dimension of area to be replaced: _____ Length _____ Width _____ Depth _____

Reason For replacement:

Is work expected to be completed on same day (circle one) YES NO

Expected Start / Finish Time: _____ Start _____ Finish _____

Expected Yards of concrete requesting reimbursement on: _____

Traffic Control / Detour Plan: _____

Contractor is responsible for, any barricades, and any plates needed. Contractor must be registered as a contractor with The City of Mt Carmel. Applicant will be notified when application is approved.

If Application is approved, The City will only reimburse for the cost of the concrete. The applicant is responsible for all labor costs.

Applicant Signature

Date