



Sidewalk Replacement Program Application

Application Date: _____

Applicants Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Location of work to be performed: _____

Please check the program applying for:

Reimbursable Program: Contractor or property owner will perform work to standard and scope agreed upon by the City of Platte City. City will reimburse property owner according to the following formula: _____ length x _____ width = _____ square feet
_____ *total square feet* x \$2.15 = _____

Prepaid Program: Work will be completed by Platte City Public Works Department upon payment by Property Owner for their portion, as calculated according to the following formula: _____ length x _____ width = _____ square feet
_____ *total square feet* x \$5.15 = _____ *Total Project Cost*
_____ *Total Project Cost* x 60% = _____

Applicant's Signature: _____

Prior approval by the appropriate authority for participation in the program must be obtained by the property owner prior to construction of the sidewalk in order to be eligible for support through this program. All sidewalks shall be constructed of concrete, in accordance with the most recently adopted Kansas City Chapter American Public Works Association Standard Specifications and Criteria. Width shall match width to which it abuts. Failure to comply with specifications and/or to receive prior approval for installation or replacement of sidewalks with the City will automatically disqualify the resident or business seeking assistance from the City of any funding or participation from the City. Residential participants have the option of selecting either the reimbursable program or the prepaid program. Commercial participants are eligible only for the reimbursable program. Work performed by Platte City Public Works shall carry a two-year warranty. Reimbursable and pre-paid rates established 3/15/2014.

CITY USE ONLY

Date of Property Inspection: _____

Residential _____ Commercial _____

Estimated cost to repair: _____ length x _____ width = _____ sq. ft.
_____ square feet x _____ = _____ Total expected cost

City Share = _____

Recommendation: _____

Public Works Director

Date

City Administrator

Date

Date forwarded to Board of Aldermen: _____

Application Approved

Application Denied

Date & Method Applicant notified: _____

Date work completed: _____ By: _____

Date of Prepayment (if applicable) _____
(attach copy of receipt)

Date of Reimbursement (if applicable) _____
(attach copy of check)

Public Works Director approval for residential; with city share less than \$500.
City Administrator approval for residential; with city share less than \$1,000.
Board of Aldermen approval for all commercial, and residential with city share greater than \$1,000.