

VILLAGE OF NEW CONCORD

Replacement Sidewalk Assistance Application

Complete all applicable items on this application and provide additional information and/or plans as required to describe work proposed. If applying for sidewalk replacement program assistance, please read and follow guidelines and instructions.

Exact Address of Project:

Legal Property Owner:

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Description of Work and Length in Feet _____

Sidewalk Condition (per Ordinance G-9-18-1, Section 4 definitions). Please check one:

___ Good

___ Fair

___ Poor

Property Owner Acknowledgment:

I understand and agree to comply with all conditions, standards and requirements as specified by the Village of New Concord. Acceptance by the Village of the work described is not a waiver of my obligation as stated herein.

Property owner name:(print) _____

Signature: _____ Date: _____

Final inspection is required. Please contact Village of New Concord at 740-826-7671 to schedule these inspections.

Approval _____ Date _____

Village Administrator

P.O. Box 10 | 2 Main | New Concord, Ohio 43762 | 740-826-7671