



SAFE SIDEWALK PROGRAM APPLICATION

DATE: _____

APPLICATION NO.: _____

APPLICANT NAME: _____

STREET ADDRESS OF SIDEWALK TO BE REPLACED: _____

MAILING ADDRESS (if different from above): _____

PHONE NO.: _____

Email Address: _____

DOES SIDEWALK BEING REPLACED:

CROSS THE DRIVEWAY:

Yes ☐ No ☐

CORNER LOT:

Yes ☐ No ☐

RENTAL PROPERTY:

Yes ☐ No ☐

CONSRTRUCTED BY CONTRACTOR:

Yes ☐ No ☐

ACKNOWLEDGEMENT:

- The City will not incur any liability for payment for the work or reimbursement until this application has been approved by the City Engineer or his/her designee.
- All replacements must be completed in accordance with the engineering specifications of the City of Great Bend; ADA compliance is required with ADA approaches.
- That participation in this program does not relieve the applicant from any liability for future maintenance, replacement, repair of the clearing of sidewalks adjacent to private property,
- Complete and receive application approval prior to the commencement of any work.
- Obtain a Right-of-Way permit.
- Coordinate the necessary inspections by Engineering staff.
- Invoice must be submitted marked "paid" with sidewalk portion separated.

APPLICANT SIGNATURE

NOTE: Repairs to be completed within 30 days from the date of application.



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In order for a section of sidewalk to qualify for the City's SAFE Sidewalk Program, one of the following conditions must exist:

- Sidewalk must be sunken or risen to a height difference of one inch or more between sections
- Sidewalk must be broken or separated into three or more pieces
- Fifty percent or more of the sidewalk surface must be deteriorated.

DO NOT WRITE BELOW THIS LINE (FOR CITY USE ONLY)

Date Application Received: _____

Application Eligible: _____

Application Approved: _____

Application Denied (reason): _____

ROW permit: _____

Inspections:

Site: _____ Prior to Pour: _____ Final: _____

Sq. Ft of Sidewalk: _____ Paid Invoice: _____

Inspector: _____

Approved: _____ Not Approved: _____

Account Code for Reimbursement: _____ Amount of Rebate: _____