

Sidewalk Repair Rebate Application Form

Date: _____

Name of Property Owner: _____

Property Address: _____

Describe the location and illustrate below a picture of the sidewalk to be replaced, including the width (feet), length (feet) and thickness (inches), and a sketch:

By signing below, you agree and accept the City of Martinez's recommendations for your sidewalk.

Applicants Signature: _____ Date: _____

To be filled by City of Martinez

ENCROACHMENT PERMIT NUMBER: _____

Initial Site Review

Inspected by: _____ Date: _____

Comments:

Form/pre-pour inspection: Passed ____ Failed ____

Inspected by: _____ Date: _____

Comments:

Final inspection/approval to pay: Passed ____ Failed ____

Inspected by: _____ Date: _____

Comments: