

SIDEWALK COST-SHARING APPLICATION

City of Grass Valley Public Works Department Engineering Division 125 E Main Street, Grass Valley, CA 95945 Phone: (530) 274-4370 Fax: (530) 274-4399

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Location of Work:				Property is:	Commercial	Residential	
Owner Name:				_Phone #:			
Mailing Address:		_Fax #:					
				_ Email:			
Representative Name (if different	nt):			Phone #:			
Mailing Address:				_Fax #:			
				Email:			
This sidewalk repair project	will inclu	de:					
Tree Removal	Yes	No	Curb and Gutter	r Replacement	t Yes	No	
Curb Ramp Replacement	Yes	No	Driveway Re-Gr	ading or Repa	air Yes	No	
Retaining Wall Work Yes No Other (p			Other (please spe	cify):			
Description of Work:							
City to repair sidewalk				Contractor of owner to repair sidewalk			
I am submitting:	I am s	I am submitting:					
This completed Sidewalk Cost-Sharing Application				This completed Sidewalk Cost-Sharing Application			
I have read and I understand the City of Grass Valley's Sidewalk Cost-Sharing Program. Upon review and acceptance of this application, the City will prepare a plan and/or description of the necessary repairs and request quotes from contractors. If work on private property is necessary to complete the sidewalk repair, the Property Owner will sign a Temporary Construction Easement provided by the City or the work will not be able to be completed. Once the lowest responsible bidder is determined, I agree to either deposit funds to cover those costs of the improvements not covered under the Sidewalk Cost-Sharing Program within two weeks of being notified in writing or to withdraw this application and temporarily repair the sidewalk to a safe condition in a timely manner.			and Sidew the Ci improvation i	I have read and I understand the City of Grass Valley's Sidewalk Cost-Sharing Program. Upon notification from the City that this application and the corresponding improvement plan have been reviewed and accepted, I agree to follow the steps detailed in the Sidewalk Cost-Sharing Program or I will withdraw this application and temporarily repair the sidewalk to a safe condition in a timely manner.			
Signature:		Date:	Signa	ture:		Date:	

TO BE COMPLETED BY CITY OF GRASS VALLEY STAFF

City to repair sidewalk

Step 1: **Application Complete** Step 2A: Reviewed site Site is eligible Funds available (estimated) Prepare plan or description and obtain 3 written quotes (select lowest responsible bidder) Lowest Bid Amount: \$ Reimbursable Costs: \$_____ Applicant Deposit Required: \$_____ Send notification letter/deposit agreement to applicant, this completed application, the plan/description of improvements, the lowest responsible bidders quote and TCE (if applicable). Deposit received, proceed with sidewalk repair Upon deposit of \$_____ by the applicant and submittal of a completed deposit agreement and Temporary Construction Easement (if applicable), the City agrees to construct the improvements described in the attached plans/description and lowest responsible bidders quote. If the improvements are not constructed within six months, the deposit may be returned upon written request. **Authorized City Signature Below:** Signature:_____ Date:____ Print Name: Title:

Contractor of owner to repair sidewalk

Step 1: **Application Complete** Step 2B: Reviewed site Site is eligible Funds available Plans are acceptable Step 3: Reviewed quote(s) complying with CA wage rates and selected quote is reasonable based on current construction standards Complete the following:

Bid Amount: \$_____

Work may NOT proceed until the following permits have

Encroachment Permit No.:

Tree Permit No. (if applicable):

Building Permit No. (if applicable):_____

The City agrees to reimburse the applicant of this application up to \$_____ but no more

than 50% of the overall costs of the sidewalk repairs and no more than \$10,000 for residential properties / \$5,000

for commercial properties. Reimbursement is subject to submittal of all invoices and compliance with all issued

permits for the work as described in the Sidewalk Cost-Sharing Program. If work is not completed within 6 months of the date below, reimbursement will not be

Signature: _____ Date:

Print Name:

Title:____

Eligible Reimbursable Costs: \$

(up to amount based on final cost)

Authorized City Signature Below:

been issued:

applicable.