



Permit Number _____

CITY OF DYERSVILLE, IOWA
SIDEWALK MAINTENANCE COST-SHARE PROGRAM
Application for Participation

INSTRUCTIONS: Complete all sections of this form and submit it to City Hall. City staff will inspect the site and contact you within 15 business days. Do not hire a contractor or begin work before receiving written approval. Incomplete applications will be returned without action.

SECTION A — PROPERTY AND APPLICANT INFORMATION

Applicant Name (Owner of Record)	
Mailing Address	
City, State, ZIP	
Phone Number	
Email Address	
Property Address (if different from mailing)	
Parcel / PIN Number (if known)	
Property Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____

SECTION B — PROJECT DESCRIPTION

Type of Work Requested	
Location of Work (describe)	
Approximate Dimensions (length x width)	
Estimated Square Footage	
Reason for Request (check all that apply)	

- New Construction Removal Replacement
- Trip hazard / vertical displacement Crumbling or spalling Tree root damage
- Standing water / drainage problem Missing panel(s) Other:

SECTION C — CONTRACTOR INFORMATION

Contractor Name / Company	
Contractor Phone	

SECTION D — ACKNOWLEDGMENT AND SIGNATURE

By signing below, the applicant certifies that: (1) they are the owner of record of the property described above; (2) all information provided in this application is accurate and complete; (3) they understand that work may not begin until written approval is received from the City; (4) they understand that reimbursement is contingent upon the work passing final City inspection and upon available budget funds; and (5) they agree to comply with all construction standards, contractor requirements, and conditions established by the City's Sidewalk Maintenance and Cost-Share Policy.

Applicant Signature (Owner of Record)	Date

FOR CITY USE ONLY

Application Received (Date)	
Task Number	
Site Inspection Date	
Eligibility Determination	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible — Reason: _____
Scope of Work Approved	
Estimated Material Cost	
Budget Funds Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No — Waitlisted
Approval Letter Sent (Date)	
Pre-Pour Inspection Date / Pass-Fail	
Final Inspection Date / Pass-Fail	
Reimbursement Authorized (Amount / Date)	
Public Works Director Signature / Date	