

Signature of Property Owner

Project#		
•	(to be assigned by the City)	

Sidewalk Rebate Program APPLICATION

Complete and submit this application to the City of Newton Office of Revitalization and Preservation, 3rd Floor, City Hall, or hp@newtonkansas.com when submitting a Sidewalk (Right of Way) permit application.

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Owner's Name:	Daytime Phone No
Owner's Email Address:	
Owner's Mailing Address:	
Address of Property:	
Legal Description of Property:	
Parcel Identification Number:	(Available on tax statement or contact County Appraiser's Office)
Existing Property Type: Residential	☐ Commercial
Rental Property: Yes	No
Square footage of sidewalk to be replaced:	
Corner Lot: Yes No	Estimated Cost \$(Amount from billing statement/invoice)
Sidewalk(RoW) Permit #	Date Right of Way Permit Issued:
Estimated or Actual Start Date:	Estimated Completion Date:
to follow all procedures and criteria. 2. Applications must be filed before Decembers. 3. Owner is responsible for completing work of funds. 4. Owner is responsible for including a paid in Applicants placed on the waiting list are no	olution G-1249 that authorizes the funding and parameters for the program and agree er 31,2021 to be eligible for reimbursement. and undergoing inspection by the City of Newton prior to receiving reimbursement of avoice or statement in order to receive re-imbursement. by guaranteed to receive reimbursement. d termination at the discretion of the City of Newton.

Date

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FOR CITY OF NEWTON USE ONLY BASED UPON THE INFORMATION SUPPLIED BY THE APPLICANT, THE PROJECT CONFORMS TO PROGRAM GUIDELINES. ☐ POSSIBLY ☐ YES \square NO Parcel Identification Number: _____ (Available on tax statement or contact County Appraiser's Office) Received By: ______ Date: _____ Approved By: ______ Date: _____ Sidewalk (Right of Way) Permit # _____ Date Permit Issued: ____ Environmental Violation Notice Date Cost of Project: City's Rebate Value: \$3.50 per square foot not to exceed \$800.00 per property frontage Total Square footage of work ______ Number of Property Frontage(s)_____ Total Rebate Amount _____ Disbursement of Funds: Date: _____ Amount ____ Total Funds Disbursed: _____