



Project # \_\_\_\_\_  
To be assigned by the City

## Sidewalk Incentive Program Application

Complete and submit this application to the City of Smith Center, Srader Building, 119 W. Court Street; or clerk@smithcenterks.com.

Property Owner: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Legal Description of Property (as found on tax statement): \_\_\_\_\_

\_\_\_\_\_

Property Type:  Residential  Commercial      Rental Property:  Yes  No

Length and width of sidewalk: \_\_\_\_\_

Will the sidewalk replacement abut an existing/neighborhood sidewalk?  Yes  No

Will the sidewalk replacement abut a street?  Yes  No *If yes, the sidewalk must be handicap accessible.*

Corner Lot:  Yes  No      Estimated Cost \$ \_\_\_\_\_ (Amount from quote/estimate)

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Special Conditions and/or Considerations (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Please include pictures of the sidewalk to be replaced. (Print or digital accepted)

- Applications will be awarded on a first come basis, as funds are available.
- An estimate/quote from a licensed contractor must accompany the applications, unless the owner is providing the labor. Labor provided by the owner is not eligible for reimbursement.
- The property owner shall be responsible to hire the contractor to perform the work and shall make all payments to the contractor.
- Upon completion of the replacement project, the owner will request an inspection of the property by the City of Smith Center.
- The program applies to public sidewalks only. Sidewalks that lead to the house or other structures are not eligible.
- If tree roots have caused the sidewalk to heave, it may be determined that the tree roots be cut or the tree be removed.
- New (not replacement) sidewalks may be allowed if they fill in a missing segment of existing continuous sidewalk.
- By participating in this program, the applicant is not relieved from any liability for future replacement, repair, maintenance, or keeping a clear walkway adjacent to the applicant's property.

Acknowledgements:

1. I have received and read a copy of City Resolution 2024-5 that authorizes the funding and parameters for the program and agree to follow all procedures and criteria.
2. The owner is responsible for completing the work and undergoing inspection by the City of Smith Center prior to receiving reimbursement of funds.
3. The owner is responsible for including a paid invoice or statement in order to receive reimbursement of funds.
4. Applicants placed on the waiting list are not guaranteed to receive reimbursement.
5. This program is subject to modification and termination at the discretion of the City of Smith Center.

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Signature of Property Owner

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Date

**FOR CITY OF SMITH CENTER USE ONLY**

Project # \_\_\_\_\_

Application Approval/Denial

Based upon the information supplied by the applicant, the project conforms to program guidelines.

Yes       No       Incomplete

Reviewed By: \_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Project Complete

Total square footage of work: \_\_\_\_\_

Completion paperwork submitted and complete: \_\_\_\_\_

Total amount of project: \_\_\_\_\_

Reimbursement amount: \_\_\_\_\_

Disbursement of Funds Date: \_\_\_\_\_ Check Number: \_\_\_\_\_