



## Municipality of West Milton Sidewalk Program

### Application Form

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Contact Phone: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

***I acknowledge receipt of the rules and guidelines of the West Milton New Installation Sidewalk Cost Sharing Program and agree to adhere to all of the rules and guidelines or the Village funding of up to 50% of the cost of the project may be withheld resulting in me paying 100% of the total cost of the project. I also agree that should I be found in violation of any of the rules of the program I agree to have the balance of the cost assessed to my property taxes. I agree that weather or other circumstances may delay the installation of the sidewalks in the timeframe initially expected. Any additional cost caused by any delay will be covered by the Village. I also agree that should changes in the original scope of work result in additional costs that are deemed necessary by the Village Manager, the Village agrees to fund up to 50% or more based on the circumstances causing the increase.***

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### *Payment Details*

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Payment of 50% of the estimated cost received by Village

☐ Yes ☐ No

Date Paid: \_\_\_\_\_

Correlation Documents (check number, cash receipt, etc) \_\_\_\_\_

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#### **To Be Completed by the Municipal Office**

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Estimated linear feet to be installed and or replaced? \_\_\_\_\_

Estimated cost of proposed project? \_\_\_\_\_

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#### Scoring (subject to change):

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Applicant is within the targeted area for this year (10 Points) \_\_\_\_\_

Applicant property is a corner lot (1 point) \_\_\_\_\_

Applicant property is the primary residence of the property owner (10 Points) \_\_\_\_\_

Funds have been paid (5 points) \_\_\_\_\_