



## Sidewalk Install or Repair Program

### Application

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I am applying for sidewalk installation.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New Installation |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Repair           |

**I am applying for extending an existing section of sidewalk.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New Installation |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Repair           |

**I am applying sidewalk along a route recognized by the Comprehensive Plan as a corridor improvement need.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New Installation |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Repair           |

**I fully understand the City of Liberal's Sidewalk Install or Repair Program and agree to comply with the terms and conditions as specified in the program. I also understand it is my sole responsibility to provide the necessary documentation to the City of Liberal Building Department for payment of incentives or reimbursements and that these will be paid as long as budgeted funds are available.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return Completed form to:**

**City of Liberal Building Dept.  
P.O. Box 2199  
Liberal, KS 67905-2199**