



Village of Hazel Crest
Department of Public Works

SIDEWALK REPLACEMENT APPLICATION

PLEASE PRINT:

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

OWNER TENANT IMPROVED VACANT

Description of walk to be replaced: WIDTH: 4FT 5FT

Present Condition: _____

Number of squares to be replaced _____

Does a driveway cross the walk? Yes No

It is my understanding that this application for sidewalk replacement will be acted upon by the Village in the priority of tripping hazard potential it attains after inspection by Village Staff. Only that sidewalk will be replaced which is deemed necessary by Village Staff. Advance notice of actual work will be given if approved.

I agree to perform the necessary landscaping and/or driveway repairs at my own expense following the sidewalk replacement.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Date received: _____ By: _____

Date of inspection: _____ Inspected by: _____

Please describe condition of sidewalk: _____

Priority Level: High Normal Low

Date service started: _____ Date service completed: _____