



VILLAGE OF HAZEL CREST
PUBLIC SIDEWALK REPLACEMENT APPLICATION

NAME _____

DATE _____

ADDRESS _____

PHONE _____

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

Signature

FOR OFFICE USE ONLY:

Date Received _____ Date Inspected _____

Present Condition:(Grade, driveway, reason for replacement, etc.) _____

Number of squares to be replaced: _____ Notification Date _____

Work Begun _____ Work Completed _____