Application for Residential Sidewalk Repair Partnership Program

Applicant Name _________________________________ Contact Name __________________________

Mailing Address ___________________________ City ____________ State _____ Zip __________

Daytime Phone __________________ FAX #____________________ Email _____________________

Address and Location of Proposed Sidewalk ____________________________________________

Nature and Size of Damaged Area _____________________________________________________

OBJECTIVE: The primary objective of the Sidewalk Repair Partnership Program is to provide property owners an economical and efficient means of obtaining functional sidewalk repairs; therefore, assisting with the positive resolution of sidewalk maintenance code enforcement actions, or possible future actions. The City of Enid will manage the design and construction necessary to repair qualifying sidewalks and track all expenses. Qualified residential property owners may partner with the City for sidewalk repairs or reconstruction activities by providing 50% of the total cost. The remaining balance will be paid by the City of Enid, resulting in a 50/50 matching program.

ALL WORK IS SUBJECT TO AVAILABILITY OF MATCHING FUNDS.

CRITERIA FOR QUALIFICATIONS (All projects must meet the following criteria)

- Property must be located within the corporate limits of the City of Enid.
- Property shall have been developed with sidewalks, or the properties on either side have or have been developed with sidewalks.
- Property owner(s) shall agree to all terms and conditions.
- Property owner(s) shall provide matching funds prior to construction, or agree to assessment.
- Deterioration and pedestrian hazards shall be equal to or greater than 1” uplifts.
- Differential settlement shall be equal to or greater than 1”.
- Cracking shall be equal to or greater than 1 1/2” separations.
- Sidewalks with missing or substantially cracked sections incapable of bridging typical pedestrian traffic shall qualify for replacement.
- City of Enid shall identify and recommend maintenance options including; materials, tree remediation, grinding, partial repairs and/or full replacement.
- Only sidewalks that service the public will qualify. Entranceway walks that connect the parallel sidewalk to the street shall not qualify.

SPECIFICATIONS AND CONDITIONS

1. Prior to repair or replacement, the City shall approve sidewalk project location and applications.
2. Sidewalks shall be repaired or replaced according to City of Enid standard specifications with required Permit.
3. Partial repairs may be conducted, i.e. sectional replacements and other limited scope repair activities.
4. If necessary, property owners will be responsible for identifying and re-locating sprinkler systems, removing any encroachment on the right-of-way, and cutting tree roots that are damaging the sidewalk.
5. Property owners shall be responsible for maintaining sidewalks after completion.
6. City of Enid shall be responsible for construction activities and all related finish work.
7. Matching funds shall be deposited with the City Clerk prior to construction.

Signed: __________________________ Date: __________________________

Mail completed application to: The Engineering Dept. OR Fax to: (580) 234-8946
City of Enid
P.O. Box 1768
Enid, OK 73702
Application Received On: ___________________ ID No. _____________

Inspection done by: ___________________ Title: ___________________ Date: ___________________

Location of Sidewalk: ______________________________________________________________
Project Limits: ______________________________________________________________

Lineal Feet of Sidewalk: ___________________

Photographs taken: □ YES □ NO

Project Scope: ______________________________________________________________

Number of 1” Faults (Uplifts/Settlement): ___________________

Major Areas of 1 ½” Gaps: ______________________________________________________________
Substantially Cracked Sections: ______________________________________________________________

Tree Root Issues: ___________________

Notes: ______________________________________________________________

Recommendation: ______________________________________________________________

Meets Criteria: □ YES □ NO

Total Cost Estimate for this repair: $ ___________________

(See Attached Estimates/Includes Permit Fee)

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Approved for Repair by The City of Enid:

___________________________________ Title _______________________ Date: ________________

Matching Fund Requested $ ___________________

□ Agreement Form Completed on: ________________

□ Property Owner chooses to have this cost assessed against the property. See Loan Agreement and Lien
completed on: ________________

□ Monies Deposited with the City Clerk on: ________________

□ Estimated Date to Begin Construction: ________________

□ Construction Completed on: ________________

□ Inspection Completed on: ________________