



City of Ukiah

Department of Public Works
300 Seminary Avenue
Ukiah, California 95482
Phone: 707-463-6280
Fax: 707-463-6204
www.cityofukiah.com

For City Use Only: PERMIT No. _____

Application Homeowners' Sidewalk Construction Reimbursement Program

HOMEOWNER INFORMATION

Date		AP No(s)	
Project Address			
Applicant/Owner(s)			
Mailing Address			
Phone		Fax	
		E-mail	

Property Owner Statement: I affirm that I am the owner of the real property which is the subject of this application, or that I am duly authorized to represent said property owner or agent in this matter. I understand that intentional misrepresentation of factual information may invalidate this permit. I understand that it is my responsibility to coordinate inspections and to comply with all the requirements of this program.

Property Owner(s) Signature		Date	
Agent for Owner(s) Signature		Date	

*Agents are required to submit written authorization from property owner.

CONTRACTOR INFORMATION

Contractor Name		Address	
Phone		Contractor License No.	
		Type	

PROJECT INFORMATION

Project Description	
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On a plot plan, either attached or on the back of this page, indicated the following:

1. Location and linear-feet of curb and gutter to be constructed.
2. Location and linear-feet of sidewalk to be constructed.

For Inspections call 707-463-6284 48 hours in advance.

Continued on Reverse

(Insert Plat Plan Here or Attach On Separate Plan)

City of Ukiah Only

Zoning		SFD		Other (describe)	
Corner Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No		Existing ADA Ramp	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paving required between existing paving and new curb and gutter			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Engineered Plans Recorded			Traffic Control Required		
Eligibility Approved by			Date Approved		
Encroachment Permit No.			Date Issued		

Inspection Record

Date Inspected		Type of Inspection		By	
Date Inspected		Type of Inspection		By	

Notes					
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Date Work Certified as Complete				By	
Invoice/Reimbursement Calculation Dated				Amount	\$
Date Submitted to Accounting		Check Number		Date Mailed to Owner	