

TOWN OF ALBION

P.O. Box 27 Albion, Indiana 46701

Telephone (260) 636-2246

Fax (260) 636-2821 Website: www.albion-in.org

Gateway to Chain O' Lakes State Park



50/50 SIDEWALK PROGRAM APPLICATION ***for Individual Sidewalk Repair, and/or Curb Improvements***

To participate in the cost-share program please complete and submit this form to the Town of Albion. The undersigned applicant/property-owner(s), declare their intent to participate in the voluntary cost-sharing program for sidewalk improvements, and agree to the terms and conditions of the program as detailed in this form. **(NOTE: The Program requires property owners within the project limits submit a check made out to the contractor for their 50% obligation prior to the contractor performing the work. The Town will hold the property owners check until the work is complete, and submits the property owner's check with the Town's 50% match).** By signing this petition, the signatory affirms that s/he is authorized to do so, and hereby bind the owner(s) of the respective parcel to the effect of this application. **Application is only valid if property owner(s) listed on deed.**

CONTACT INFORMATION

Property Owner Name:

Property Owner Phone:

Property Owner Email:

Attachments:

- Map of area to be improved
- Pictures of existing sidewalk, or curbing in .jpeg format emailed to albionmanager@frontier.com
- Statement from the Noble County Treasurer's Office showing that taxes are current
- Completed Application

PROPERTY & PROJECT INFORMATION

Property Address:

Total Linear Feet of Project:

Please give a brief description of proposed work (expand this space as needed or attach another page):

APPLICANTS DECLARATION

By signing this application, the signatory affirms that s/he is authorized to do so, and thereby bind the property owner(s) of the respective parcel to the effect of this petition. And further affirms that YES! The applicant is interested in participating in the 50/50 cost-sharing Sidewalk Program offered by the Town of Albion, and requests a detailed construction cost estimate for the applicant's consideration. The Applicant understands that this construction estimate is not binding until signed by the applicant at which time a check made out to the contractor for 50% of the cost of construction is due to the Town of Albion until completion of work. The Town does not maintain an ongoing list of interested residents for future years, and it is the responsibility of the applicant to re-apply for future years.

Property Owner Signature:

Other Property Owner Signature(s):

Printed Name(s):

Date of Application: _____

INTERNAL OFFICE USE ONLY

Estimated Applicant Cost:

\$ _____

*Noble County Treasurer's Office, and Albion Water Utility
Verification on Taxes, and Utility Bills:*

Staff Member Verifying: _____

Date Verified: _____

Total Estimated Cost of Improvements:

\$ _____

Town's Estimated Match Amount:

\$ _____

Source(s) of Cost Estimate (Name and Address of Contractors):

1.)

2.)

3.)

Town Manager Signature:

Street Superintendent Signature: