



Cost Sharing Sidewalk Replacement Program Application

Date_____

Name of Property Owner_____

Phone Number of Property Owner_____

Address of Repairs_____

Estimated Square Footage of Repair:

Length_____

Width_____

Cost to Property Owner_____

Cost to City of Hillsboro_____

Applicant's Signature_____

Approval Date_____

City Inspector Signature_____

Office Use Only

Final Inspection Date_____

Approval for Reimbursement by the City of Hillsboro in the amount of \$_____

City Inspector Signature_____