



CITY OF PASADENA
SIDEWALK REPAIR REIMBURSEMENT PROGRAM
REIMBURSEMENT REQUEST APPLICATION

(MUST BE SUBMITTED SUBSEQUENT TO WORK COMPLETION AND WITHIN 3 MONTHS OF PERMIT ISSUANCE)

Please print or type.

Date: _____

Owner Applicant Name: _____
First M.I. Last

Signature: _____

Mailing Address: _____

Daytime Phone Number: _____

Email Address: _____

Sidewalk Repair Location:
_____, Pasadena
Address Zip Code

Public Works Permit Number: _____

Contractor Name & License Number: _____

Mailing Address: _____

Daytime Phone Number: _____

Department of Industrial Relations (DIR) Registration Number: _____

Reimbursement Amount Requested:

A = Amount of Sidewalk Repaired _____ sf (attach permit)

B = Unit Cost Paid to Contractor \$ _____/sf (attach invoice) (\$8/sf is maximum allowable cost in this line)

C = (50% max) 0.50

A x B x C = \$ _____ (maximum of \$1,000 reimbursement per frontage)

Note: Applications will be processed on a first come, first serve basis. Submittal of an application does not guarantee City reimbursement for sidewalk repairs.

Submit completed applications to: Sidewalk Repair Reimbursement Program, Department of Public Works, City of Pasadena, 100 N. Garfield Avenue, Room N306, Pasadena, CA 91101. Applications may be submitted via Email to: sidewalk@cityofpasadena.net

For additional information, please contact the Department of Public Works at (626) 744-4195 or go to www.cityofpasadena.net/xxx.

QUANTITIES VERIFIED BY:

REIMBURSEMENT APPROVED BY:

INSPECTOR
PRINT NAME:

ENGINEER
PRINT NAME: