

Village of Strasburg
224 N. Bodmer Ave
Strasburg, Ohio 44680

Sidewalk Repair Program

Date of application: _____ Telephone Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Application completed by: _____

(completed this line if other than applicant)

Purpose of application: **Sidewalks Repair**

Location of work to be completed: _____

Estimated size of area _____ ft. X _____ ft.

The Applicant hold harmless the Village of Strasburg and it employees from any liability or responsibility for any accident, loss, or damage to persons or property occurring as the proximate result of any work under the terms of the application, and that all said liability is assumed by the applicant. The applicant agrees to comply with all applicable regulations and ordinance related to said work. Attached is a copy of a plain or sketch showing the proposed work and its location in reference to existing intersections or other landmarks.

By Signature: _____

(Property Owner)

OFFICE USE ONLY

Project Sketch (See attached)

Include any photos or snapshots.

Inspection: _____

Date: _____

Project Scheduled: _____ Inspections: _____ X _____

Est. Homeowners cost: _____

Est. Village cost: _____

Project total cost: _____

Project Completed date: _____