

# CITY OF FLANDREAU

## GRANT APPLICATION FOR SIDEWALK ACCESS FOR THE DISABLED (Section 8.3.2.f.)

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### LOCATION OF SIDEWALK ACCESS

Street Address: \_\_\_\_\_

Number of Accesses made at this Location: \_\_\_\_\_

Length: \_\_\_\_\_ x Width \_\_\_\_\_ = \_\_\_\_\_ Square Feet

Actual Cost of Access: \$ \_\_\_\_\_ (attach a copy of bill)

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

I hereby make application for a grant in the amount of \$ \_\_\_\_\_ (actual cost of construction of access, not to exceed \$5.00 per square foot) to make the sidewalks on my property accessible to the disabled. I hereby certify that the access has been constructed to meet the required specifications.

\_\_\_\_\_  
Owner's Signature

### OFFICE USE ONLY

Access meets specification    \_\_\_ Yes    \_\_\_ No

Recommend approval of grant    \_\_\_ Yes    \_\_\_ No

Comments: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Council action:    \_\_\_ Approved    \_\_\_ Disapproved    Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Authorized by: \_\_\_\_\_, Finance Officer

Disbursement Date: \_\_\_\_\_    Warrant #: \_\_\_\_\_    Amount: \$ \_\_\_\_\_