



2025
RIGHT OF WAY
SIDEWALK REPAIR REIMBURSEMENT PROGRAM

APPLICATION

APPLICATION MUST BE FILED AND APPROVED PRIOR TO COMMENCEMENT OF ANY WORK

APPLICATION DATE _____

APPLICATION/ PERMIT NO. _____

I. APPLICANT INFORMATION (please print or type)

Applicant Name _____ Phone _____

Applicant Mailing Address _____

Address of Sidewalk Repair _____

Email Address _____

II. CONTRACTOR INFORMATION (If unknown at time of application leave blank)

Company Name _____ City License No. _____

Contact _____ Phone _____ Email _____

III. SUMMARY OF PROPOSED SIDEWALK REPAIR (attach additional sheets if necessary)

All work shall be performed in conformity with the "Sidewalk Repair Reimbursement Program" guidelines, Lancaster Codified Ordinances, and Standard Construction Drawings.

IV. PERMIT FEES

No permit fee. Permit fees assessed through Lancaster Codified Ordinances for sidewalk repair or replacement are waived through the "Sidewalk Repair Reimbursement Program".

V. SIGNATURE REQUIRED

By my signature below, I attest that the information and all supporting plans and documents are true and accurate to the best of my knowledge.

Signature

Title

Print Name

Date

