

# CITY OF MASSILLON

## 919 REPLACEMENT PROGRAM APPLICATION

Each property is allowed assistance only one-time under this program, no matter the amount disbursed for that eligible property.

### Applicant Information

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

Street Address Of Property: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

City Lot No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

### Project Information

Length of sidewalk to be replaced? \_\_\_\_\_

Length of curb, and/or curb and gutter to be replaced? \_\_\_\_\_

Driveway approach to be replaced? \_\_\_\_\_

Contractor No. 1 Name	_____	Provide written estimated cost No. 1	_____
Contractor No. 2 Name	_____	Provide written estimated cost No. 2	_____

**Attach copy of both estimates**

### Your Selected City of Massillon **Licensed Contractor**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SKETCH:(or attachment if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide 4 photos (required)  check box

### Owner Certification

Are you delinquent by more than 30 days to the City of Massillon on the payment of any tax bill, sewer bill, or other City generated debt at the time of making said application? Yes No (circle one)

If the property taxes are not current, are you on a payment plan with the Stark County Auditor's Office?  
 Yes No NA (circle one)

o If your answer is yes, attach documentation verifying you are on a payment plan.

Did you receive a Sidewalk Notice of Violation letter from Code Enforcement stating you needed to make repairs of your sidewalk, driveway approach, or curbs? A Notice of Violation is not required to receive funds through the 919 Replacement Program.  
 Yes No (circle one)

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### For City Use Only

Application Approved: Yes No

- Application denied for the following reason:
- o Does not own the property
  - o Delinquent on payment of tax bill, sewer bill, or other
  - o Property taxes not current and not on a verifiable payment plan
  - o Contractor Not Licensed
  - o Other

COM Review Staff Member: \_\_\_\_\_ Date : \_\_\_\_\_