



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 (Co-Owner) Of Property: _____

Street Address Of Property: _____

Phone: _____ Email Address: _____

Project Information (Quantities on both written estimates must match)

Length of sidewalk to be replaced? _____

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

Driveway approach to be replaced? Yes No

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

Quantities on both written estimates must match Attach a copy of both estimates

Your Selected City of Massillon Licensed Contractor

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

SKETCH (REQUIRED):(or attach as 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	*Co-Owner Signature (if applicable)	Date

*NOTE: Your signature on this application provides us authorization to verify your Tax Status with the City of Massillon Income Tax Department.

For City Use Only

Application Approved: Yes No	
Application denied for the following reason:	Check:
<input type="checkbox"/> Does not own the property <input type="checkbox"/> Delinquent on payment of tax bill, sewer bill, or other <input type="checkbox"/> Property taxes not current and not on a verifiable payment plan <input type="checkbox"/> Contractor Not Licensed	<input type="checkbox"/> Scope of Work Matches <input type="checkbox"/> 2 Estimates <input type="checkbox"/> Contractor Licensed <input type="checkbox"/> Sketch <input type="checkbox"/> Photos

COM Review Staff Member: _____ Date : _____