

CITY OF MASSILLON

| KECEIVED | | | | |
|-------------------|---|--|--|--|
| (OFFICE USE ONLY) | | | | |
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919 REPLACEMENT PROGRAM APPLICATION

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

| Each property is allowe | a assistance only one time under this | program, no matter the amount dispuised it | or that eligible property. | |
|--|---|---|-----------------------------------|--|
| Applicant Information | | | | |
| Owner (Co-Owner) Of Proper | rty: | | | |
| Street Address Of Property: | | | | |
| Phone: | Email Address | S: | | |
| Project Information (Quan | ntities on both written estimates must r | natch) | | |
| Length of sidewalk to be repl | | , | | |
| Length of curb, and/or curb a | | | | |
| Driveway approach to be rep | | | | |
| Contractor No. 1 Name | 1 | Provide written estimated cost N | No. 1 | |
| Contractor No. 2 Name | | Provide written estimated cost i | | |
| Quantities on both written estimate | es should match | Provide writterr estimated cost i | Attach a copy of both estimates | |
| Your Selected City of Massillo | | | reach a copy of both estimates | |
| Name: | ··· = | | | |
| Address: | | | | |
| | | N. | | |
| City, State, Zip: SKETCH (REQUIRED):(or a | | Phone: | | |
| | | | | |
| Provide 4 photos (required) | check box | | | |
| Owner Certification | | | | |
| Are you delinquent by more that the time of making said ap | | on the payment of any tax bill, sewer bill, e one) | , or other City generated debt | |
| Yes No NA (circle | | with the Stark County Auditor's Office? a payment plan. | | |
| | | forcement stating you needed to make re to receive funds through the 919 Replace | | |
| | | | | |
| | nature of Owner | *Co-Owner Signature (if applicable) | Date | |
| | olication provides us authorization to verify ye | our Tax Status with the City of Massillon Income | lax Department. | |
| For City Use Only | | | | |
| Application Approved: | Yes No | | | |
| Application denied for the following | _ | | Check: | |
| | Does not own the property Delinquent on payment of tax bill, sewer | | Scope of Work Matches 2 Estimates | |
| | _ bill, or other | | Contractor Licensed | |
| | Property taxes not current and not on a verifiable payment plan Contractor Not Licensed | | Sketch Photos | |
| COM Review Staff Member: | | | Date : | |
| | | | | |