

# *City of Conneaut*

## *Office of the City Manager*

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### Sidewalk Replacement Reimbursement Program

Date of Application: \_\_\_\_\_ Parcel# \_\_\_\_\_ Permit # \_\_\_\_\_

Applicant Name (if different than owner)					
Property Owner					
Street Address	City	State	Zip code	Cell phone	Home phone

**Contractor Information**

Name of Owner or Company		Email Address			
Street Address	City	State	Zip code		
Phone Number with area code (    )	Fax Number (    )		Cell Phone No. (    )		

Requirements:

- Signed application by Sept 1<sup>st</sup> of following year
- Estimate from a licensed contractor

Steps after application is approved:

- Pre-inspection from Zoning Office
- Post –inspection from Zoning Office
- Paid invoice presented to Zoning Office
- Submitted to Finance Department for reimbursement

\_\_\_\_\_  
 Property Owner Print

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Property Owner Signature

\_\_\_\_\_  
 Date

Address of Household: \_\_\_\_\_

Total Number of Household Members (include yourself, spouse, children, etc.): \_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Commercial \_\_\_\_\_ (Please check one that applies)

How long at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Income Range of Household

Income Limit Ranges**	
\$0 _____	- \$31,050 _____
\$31,051 _____	- \$35,450 _____
\$35,451 _____	- \$39,900 _____
\$39,901 _____	- \$44,300 _____
\$44,301 _____	- \$47,850 _____
\$47,851 _____	- \$51,400 _____
\$51,401 _____	- \$54,950 _____
\$54,951 _____	- \$58,500 _____
\$58,501 _____	- above _____

(Total gross annual income of all persons)  
Check the box below that corresponds to your household's income range:

- 
- 
- 
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**Department Use Only**

Date of Estimate: \_\_\_\_\_ Cost of Project: \_\_\_\_\_ Measurement of Sidewalk \_\_\_\_\_

Degree of risk to public: High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

Pictures enclosed: Yes \_\_\_\_\_ How many \_\_\_\_\_ No \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Date