



City of Sierra Madre

Public Works Department

Sidewalk Partnership Program

Case# _____

Date: _____

Applicant Name: _____

Property Address: _____

Owner's Address (if different): _____

Owner Renter

Phone: _____

Email: _____

Replacing existing sidewalk? Yes No

Number of Parkway Trees: _____

<u>FOR STAFF USE ONLY</u>	
Inspector:	Inspection Date:
Review by City Arborist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sidewalk L x W:	Total S.F.
Driveway L x W:	Total S.F.
Curb & Gutter L x W:	Total S.F.
Project Cost:	Payment Received Date:
Estimate Project Date:	Completion Date:
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: