



Date Received: _____
SRP #: _____

Sidewalk Repair Program Application

Applicant Name: _____

Property Owner Name (if different than applicant): _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Address and Location of Proposed Sidewalk Repair Project (Must be within City limits):

Nature and Size of Damaged or Deteriorated Area (attach photos if possible):

The City of Scappoose reviews and approves applications to the Sidewalk Repair Program. The City has limited funds for sidewalk repair and will pay for 50% of the cost of repair, or up to \$1,000, whichever is less, as long as the repairs pass inspection and are satisfactory to the City. **A sidewalk repair right-of-way permit is required prior to beginning repairs;** however, the permit may be obtained at no cost through this program. Sidewalk damage may be caused by tree roots – if it is determined that a *street* tree needs to be removed, a public land tree removal permit shall be required.

ALL WORK IS SUBJECT TO AVAILABILITY OF MATCHING FUNDS. CRITERIA FOR QUALIFICATIONS (all projects must meet the following criteria):

- To ensure assistance funds are available to as many property owners as possible, a property owner may only participate in the program once.
- Property must be located within the City limits of Scappoose.
- Property shall have been developed with sidewalks.
- Property owner(s) shall agree to all terms and conditions.
- Pedestrian hazards shall be equal to or greater than ½”.
- Differential uplifts or settlement shall be equal to or greater than ½”.
- Cracking or separation shall be equal to or greater than ½”.
- **Grinding and/or sack concrete shall not** be acceptable for sidewalk repair under this program.
- Only sidewalks that service the public will qualify. Entranceway walks or steps that connect the parallel sidewalk to the street shall not qualify.
- Sidewalk damage may be caused by tree roots. If this is the case for the applicant’s sidewalk, the root causing the issue **must** be addressed as a part of the repairs. Only the sidewalk work is eligible for assistance funds – tree root cutting and/or removal costs are **not** eligible.
- Responsibility for drainage issues due to the new sidewalk panel(s) lies with the property owner.

ELIGIBILITY – SPECIFICATIONS AND CONDITIONS

1. Applications must be approved by the City before work begins in order to be eligible for assistance funds.
2. Sidewalks shall be repaired or replaced according to the Typical Sidewalk Detail from the Public Works Design Standards (Dwg. No. 513 & 514, PWDS), with required sidewalk repair right-of-way permit, and, if applicable, public land tree removal permit. Sidewalks under this program shall be repaired or replaced to meet current ADA design standards.
3. Partial repairs may be conducted, i.e. sectional replacements and other limited scope repair activities.
4. Property owners will be responsible for identifying and re-locating sprinkler systems, removing encroachment on the right-of-way, and cutting tree roots that are damaging the sidewalk.
5. Property owners are responsible for maintaining sidewalks pursuant to Scappoose Municipal Code, Chapter 12.04.
6. Property owners must **attempt to solicit** quotes from three (3) different licensed and bonded contractors. In order for the City to pay a contractor pursuant to this program, the contractor must have an up-to-date Construction Contractors Board license (CCB#), insurance, bonding, and a City of Scappoose Business License.
7. To verify a contractor’s state license (CCB#), please visit the Oregon Construction Contractors Board at: <http://search.ccb.state.or.us/search/>.
8. City of Scappoose shall be notified for inspection of concrete forms **48 hours prior** to pouring concrete and all related finish work.
9. The program will pay the contractor 50% or up to \$1,000, whichever is less, of the total project cost based on the **lowest** quote you received.
10. Property owners may choose to repair their sidewalk themselves, however, the **work must meet all the criteria in all the sections above** (except for the sections relating to contractors). Property owners that choose this option are eligible for reimbursement of material costs **only**, with submittal of receipts for all materials purchased.

Once the work has been completed, inspected, and approved by the City, please submit a copy of the invoice to the City. The City will pay the agreed upon portion to the contractor – you will be responsible for paying the remainder to the contractor as indicated on the contractor’s invoice.

Signed: _____ Date: _____

Mail completed application to:

City of Scappoose
Attn: Sidewalk Repair Program
33568 E. Columbia Avenue
Scappoose, OR 97056

or

Email completed application to:

Susan Reeves
City Recorder
Subject: Sidewalk Repair Program
sreeves@cityofscappoose.org

PROGRAM STEPS

1. Complete and submit pages 1-3 of this form. **(Applicant)**
2. City will contact you and schedule an initial inspection. **(City)**
3. After inspection, applicant solicits licensed contractors, submits quotes, and indicates which contractor will be chosen to the City at sreeves@cityofscappoose.org **(Applicant)**
4. Once City has received the quote(s), your contractor completes and returns the Sidewalk Repair Right-of-Way Work form available at: <https://www.ci.scappoose.or.us/community/page/sidewalk-repair-program-information>. **(Contractor)**
4. Contractor follows instructions in the Sidewalk Repair Right-of-Way Work form for notifying the City prior to pouring concrete. **(Contractor)**
6. After work is completed, contractor schedules final inspection with the City. **(Contractor)**
7. Applicant submits copy of contractor’s invoice to the City. **(Applicant)**
8. City submits confirmation to applicant after the program assistance portion has been paid to the contractor. **(City)**

PROJECT DESCRIPTION – Please provide details on your sidewalk issue below

Location and Address of Sidewalk:

Project Limits (include lineal feet/dimensions):

Project Description:

Number of ½” Faults (uplifted or settled panels): _____

Major Areas of ½” Gaps (gaps between panels): _____

Substantially Cracked Panels: YES NO

Tree root issues: YES NO

If **YES**: Street Tree **or** Private Tree

For official use only below this line

INITIAL INSPECTION

Meets Program Criteria: YES NO

Public Land Tree Removal Permit Required: YES NO

Comments:

Recommendation:

Inspection completed by:

Signature: _____ Title: _____ Date: _____

FINAL INSPECTION

Final Inspection Completed on: _____

Inspection Passed: YES NO

Signature: _____ Title: _____ Date: _____

APPROVED FOR MATCHING FUNDS BY CITY MANAGER OR DESIGNEE

Copy of contractor's invoice received by City: YES NO

Matching City Funds Amount: \$ _____

Signature: _____ Title: _____ Date: _____

City Purchase Order #: _____

DOCUMENT PROCESSING

1. City Hall – Original
2. CDC – Copy
3. Public Works – Copy