



**TOWN OF FAIRFAX SIDEWALK REPAIR PROGRAM**

The Town’s Sidewalk Repair Program “waives” the encroachment permit fee for the sidewalk repair and will provide up to a maximum of \$750 as a 50% matching grant for the construction work. For example, if the work costs \$800, the Town will reimburse applicants \$400. The matching grant is subject to the availability of funds. Upon approval of your application, funding will be reserved for your project. The Town will NOT reimburse applicants for any expenses incurred for past sidewalk repair work or prior to the approval of their application.

The encroachment permit fee will be waived upon the submittal of an encroachment permit application for the sidewalk repair. All work must be performed using a licensed contractor. The Town will reimburse approved applicants upon completion of the project (i.e., after the Town’s final inspection). Applicants must provide the Town with a copy of their invoice from their contractor indicating the work performed and the amount PAID. The Town will not issue a check until the appropriate documentation has been received. Please allow up to two weeks to receive a check from the Town. Checks will be made out to the applicant who is a party to the agreement with the contractor.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (Office) \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Email Address *(Note: approval of application will be sent to this email):* \_\_\_\_\_

Approximate location of sidewalk to be repaired (i.e., address):

\_\_\_\_\_

***By signing below, I agree that I shall comply with all applicable building codes in the repair of my sidewalk. I also acknowledge that the Town assumes no current or future liability for the repair of my sidewalk.***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Please return this completed, signed form to:***

***Building Official, Town of Fairfax, 142 Bolinas Road, Fairfax, CA 94930***

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**For Official Use Only**

Application Approval Date: \_\_\_\_\_ “Waived” Encroachment Permit Fee Amount: \_\_\_\_\_

Estimated cost of work: \_\_\_\_\_ Estimated amount of reimbursement (\$500 max.): \_\_\_\_\_

Encroachment Permit Issue Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ Date of final inspection: \_\_\_\_\_

Reimbursement Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Check: \_\_\_\_\_ Issue Date: \_\_\_\_\_