



City of Fort Morgan

City Planning & Zoning / Building Permits • 110 Sherman Street
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SIDEWALK REPLACEMENT PROGRAM APPLICATION

Property Owner(s): _____

Property Owner(s) Address:

Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ **Business Phone:** _____

Mailing Address: _____ **Apt. #** _____

(If different than the property owner's address)

Length and Width of Sidewalk: _____

Diagram of sidewalk area in need of repair:

Comments or Explanations: (Use this section to further comment or explain any additional information you feel we would need to know)

A Right-of-Way Permit and Inspection are required for all public sidewalk replacements.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____