

**CITY OF BINGHAMTON  
2024 CURB AND SIDEWALK APPLICATION**

**PART 1: PROPERTY OWNER:**

CITY OF BINGHAMTON

To The City Engineer:

<b>[OFFICE USE ONLY]</b>	
App. #	
Date	

I hereby make application for the City of Binghamton Curb & Sidewalk Assistance Program to reconstruct the:

Sidewalk  Curb & Gutter  Curb at my property located at:

I acknowledge that I am either the property owner or an authorized agent of the property owner. [Must be checked]

Print Name _____	Mailing Address _____
Phone # _____	[If Different From Property Location] _____

**PART 2: ELIGIBILITY REVIEW/CONSTRUCTION AUTHORIZATION: [OFFICE USE ONLY]**

Notes:

<b>Estimated Total Frontage [per tax map] :</b>			
	Curb [LF] @	\$ 17.75	Per LF
	Curb - Gutter [LF] @	\$ 17.75	Per LF
	5' wide SW [SF] @	\$ 4.50	Per SF
	6' wide SW [SF] @	\$ 4.75	Per SF

Estimated Max. Total Assistance Amount: \_\_\_\_\_

Funding Available Fiscal Year: **2024**

Certified By: \_\_\_\_\_

Applicant notified of eligibility & maximum rebate amount by letter dated: \_\_\_\_\_

**PART 3: CONTRACTOR INFORMATION: [OFFICE USE ONLY]**

Street Work Permit Number \_\_\_\_\_, issued to \_\_\_\_\_

Dated: \_\_\_\_\_ Effective \_\_\_\_\_ to \_\_\_\_\_

**PART 4: VISUAL INSPECTION & MEASUREMENT: [OFFICE USE ONLY]**

To The City Engineer:

Date: \_\_\_\_\_

I hereby certify that the work outlined in the above referenced Street Work Permit was performed in accordance with the standard specifications of the City of Binghamton. The quantities covered are as follows:

<b>Curb [LF]</b>	
<b>Curb-Gutter [LF]</b>	
<b>5' Wide SW [SF]</b>	
<b>6' Wide SW [SF]</b>	

\_\_\_\_\_  
City Inspector

**PART 5: RECOMMENDATION FOR PAYMENT: [OFFICE USE ONLY]**

To the Office of the Comptroller:

Date: \_\_\_\_\_

I hereby certify that the work described in this document has been built upon the established line and grade given by me, and that the measurements set up in the foregoing affidavits are correct and the materials used as stated. I further certify that the foregoing construction has been made in accordance with the instructions and the supervision of this department; the assistance amount, as listed below is hereby recommended for payment by the City of Binghamton.

Assistance Amount \$ \_\_\_\_\_

\_\_\_\_\_  
City Engineer

**[If work is not performed within 60 days from the approval date of this application, a new application will need to be submitted, and eligibility will have to be redetermined.]**