



THE BOROUGH OF BRENTWOOD  
MUNICIPAL BUILDING – 3624 BROWNSVILLE ROAD  
PITTSBURGH, PA 15227-3199  
Office 412-884-1500 Fax 412-884-1911  
[www.brentwoodboro.com](http://www.brentwoodboro.com)

## APPLICATION FOR PARTICIPATION IN THE SHARED COST SIDEWALK RESTORATION PROGRAM

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

Address of Affected Property: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Did you receive a letter from the Borough providing notification of severe defects? \_\_\_ Yes \_\_\_ No

If “no,” or if you are requesting additional repairs, please sketch the location of the desired sidewalk replacement in relation to the structure, driveway, and adjoining streets

Street Name: _____	<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 20px;"> <div style="border: 1px solid black; width: 60%; margin: 0 auto; padding: 10px; text-align: center;">Structure</div> </div>	Street Name: _____
Street Name: _____		

I understand that program applications will be accepted on a first-come, first-served basis. I acknowledge that priority will be given to property owners who are in receipt of notices of severe defects. I affirm that the subject sidewalk was not damaged due to negligent action by any owner or occupant, including parking vehicles or storing construction equipment on said sidewalk. I additionally acknowledge that I will only be eligible to receive matching funds if I do not owe any outstanding taxes or fees to the Borough, or if I am enrolled in a valid repayment agreement pertaining to the same.

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

<b>OFFICE USE ONLY</b>		
Date Received: _____	Date of Site Inspection: _____	Sq. footage of Defects: _____
Delinquent taxes: ___ Y ___ N Delinquent sewage: ___ Y ___ N Delinquent refuse: ___ Y ___ N		

