

City of Tabor

Sidewalk in Need of Repair or Replacement - Compliance Plan

Section I - Defective Sidewalk according to ordinance in Chapter 136, Definitions 136.02, City of Tabor's Municipal Code.

Homeowner Name(s): _____

Address (mailing): _____
 City: _____
 State, Zip: _____

Property Address: _____

Length of Sidewalk (ft.) _____ Width of Sidewalk (ft.) _____

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is this a corner lot? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the sidewalk involve a driveway? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are there any trees, embedded objects (e.g. signs, hydrants)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is this a rental property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Defective Sidewalk Characteristics:

- Vertical separations equal to 3/4 inch or more
- Horizontal separations equal to 3/4 inch or more
- Holes or depressions equal to 3/4 inch or more and at least 4 inches in diameter
- Spalling over 50% of the surface of a single square of the sidewalk with one or more depressions equal to 1/2 inch or more
- A single square of sidewalk cracked in such a manner that no part thereof has a piece greater than one square foot
- A sidewalk with any part thereof missing to the full depth
- A change from design or construction grade equal to or greater than 3/4 inch per foot

Section II – Compliance Plan

Indicate the method in which you will complete your sidewalk repair or replacement:

- I will replace or repair my sidewalk before October 1, 2023.
 Please notify the City of Tabor at 712-629-2295 once your sidewalk repair/replacement is completed.
- I would like the City of Tabor to replace my sidewalk
 - I will pay in full once completed
 - I will pay using special assessment property tax 7-year repayment plan

Please Sign and return to the City of Tabor before ~~February 15, 2022~~ *April 20, 2022*.

Signature _____ Date _____
 Signature _____ Date _____

Return to:
 City of Tabor
 PO Box 39
 Tabor, IA 51653

Questions, please call: 712-629-2295