



Molalla Sidewalk Improvement Program Application

Return the completed Application, Site Plan, your approved ROW permit, and photos of the current condition of your frontage to communityplanner@cityofmolalla.com

Applicant Information

Name _____

Mailing Address _____

Phone Number _____

Email _____

Location of Work

Address or Map/Taxlot of Property upon which the project fronts _____

Additional Location Notes _____

Description of Work

New sidewalk square footage: Length_____ Width _____

New curb & gutter linear footage: _____

Number of New ADA Ramps: Single_____ Double_____

Replacement sidewalk square footage: Length_____ Width_____

Replacement curb & gutter linear footage: _____

Replacement of ADA Ramps: Single_____ Double_____

Repair of sidewalk square footage: Length_____ Width_____

Repair of curb & gutter linear footage: _____

Repair of of ADA Ramps: Single_____ Double_____

Required

- Please provide the number of your approved Right of Way or Civil Permit _____
- Photos of current conditions of proposed project.

Execution

By signing below I swear or affirm that all information contained in this document is true and accurate.

Sign _____

Print _____ Date _____

Community Development Department | 315 Kennel Ave/ PO Box 248 Molalla, OR 97038 | 503.759.0205

Return to communityplanner@cityofmolalla.com

#MOLALLASIDEWALKIMPROVEMENTPROGRAM