



CITY OF
WOOD DALE

Public Works Department
720 N Central Ave
Wood Dale, IL 60191
630-350-3530

Sidewalk-Apron Reimbursement Program

Name _____	Application Date _____
Address _____	
Phone _____	E-Mail _____

Number of eligible sidewalk squares to be replaced _____

(Squares must be directly touching driveway to be eligible for reimbursement)

Area of apron (sq. ft.) _____ Total cost of apron replacement _____

Apron material: Asphalt Concrete Other _____

Building Permit Number _____

(Must indicate on plans/drawings which sidewalk squares are being replaced as well as area of apron in square feet)

Please return this application and all required information to the Community Development Department located at 404 N Wood Dale Rd.

For Office Use Only:
Permit issue date: _____ Permit completion date: _____
Total amount eligible for reimbursement: _____
(\$50 per eligible sidewalk square; \$300 for apron replacement)