

# Village of Groton, N.Y.

Municipal Building

308 Main Street, P.O. Box 100

Groton, New York 13073-0100

Phone: 607-898-3966

Fax No. 607-898-4177

TNN: New York State Relay 1-800-660-1220

Garage Fax No. 607-898-3029

e-mail: [codeofficer@grotonny.org](mailto:codeofficer@grotonny.org)

**Code Officer**

**Ted Skibinski**

**607-592-2654**

## **Application for Sidewalk Repair**

To: Chad Shurtleff, Public Works & Utilities Supervisor  
Village of Groton  
P O Box 100  
Groton, N.Y. 13073-0100

From: Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Property where work is to be done: \_\_\_\_\_

I hereby make application to remove and replace, in accordance with the Village's current specifications, \_\_\_\_\_  
lineal feet of sidewalk. I intend to do this work between  
Start date: \_\_\_\_\_ and finish date: \_\_\_\_\_

### **Complete if Homeowner doing work:**

The name and address of my Homeowner's/ General Liability Insurance Company is  
\_\_\_\_\_ Policy # \_\_\_\_\_

Telephone # \_\_\_\_\_

### **Complete if Contractor work:**

I have hired a contractor to perform the work. The contractor's name and address is:  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

**\*\* NOTE:** Contractor must furnish a Certificate of Insurance to the Village showing liability coverage in the amount of at least \$500,000.

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