



SIDEWALK TILE REPLACEMENT PROGRAM ASTORIA DOWNTOWN HISTORIC DISTRICT ASSOCIATION

The Astoria Downtown Historic District Association (ADHDA) in agreement with the City of Astoria manages and processes applications and permits for the installation of glass tiles to be used to replace and repair sidewalks. Property Owners and/or Business Owners are invited to apply to participate in the Sidewalk Tile Replacement Program.

For more information on the history of the tiles visit www.sidewalkglass.com.

Contact:

Alana Garner - Executive Director
Astoria Downtown Historic District Association (ADHDA)
c/o Sidewalk Tile Replacement Program
Office: No.1-12th Street, Suite 114 / Mailing: PO Box 261
Astoria, OR 97103
Phone: (503) 791-7940

Goal and Purpose

The **goal** of the Astoria Downtown Historic District Association's Sidewalk Tile Replacement Program is to assist area property owners and business owners in the replacement of glass sidewalk tiles throughout the downtown core: from 5th to 17th Streets from the Columbia River to Exchange Street.

The primary **purpose** of the Sidewalk Tile Replacement Program is to assist property owners and businesses in the repair of displaced and damaged sidewalk tiles by providing 50% of the reimbursement of costs. *Sidewalk damage may exceed applicant's property lines. In this case, the applicant may wish to inform their neighbor about the program.*

PROJECT ELIGIBILITY AND REIMBURSEMENT

Projects which are either located in a high pedestrian use area, in the downtown core, or fronting a property that has received notification to do repairs under the City's Code, Chapter 2 – Local Improvements, are eligible to apply for the Sidewalk Tile Replacement Program. In general, tiles eligible for funding are tiles that present a tripping hazard or pedestrian safety issue.

Commercial properties may be reimbursed up to 50% of the overall cost of the improvements with a reimbursement limit not to exceed \$1000.00 per fiscal year (January 1 to December 31); priority will be given areas that present a safety hazard.

Completed (including all required additional documentation) Sidewalk Tile Replacement Program Applications will be processed on a first come first served basis until funds allocated for the calendar year have been exhausted. Priority will be given to applications that address **safety** first, then **enhancement/improvements**, followed by **aesthetics**. *Please note that should the approved Sidewalk Tile Replacement Program Application expire, the authority for reimbursement is no longer valid and the applicant may need to reapply; new funds will be available the beginning of each new calendar year. All reimbursed funds must be used for the purchase, replacement, and installation of glass tiles.*

OUTLINE OF STEPS

STEP 1:

Complete and submit a Sidewalk Tile Replacement Program Application (attached). You must indicate on the application if you, the applicant, or your representative will oversee the sidewalk repairs, or if you desire an ADHDA approved representative to oversee the repairs. If you do not want an ADHDA rep to oversee the improvements, you must also submit an improvement plan identifying those improvements you propose to complete.

STEP 2:

After identifying that the project location is eligible and funds are available, the ADHDA Design Committee **will review the submitted plan and notify the applicant** if the plan is acceptable or if modifications are necessary. Once the plan is accepted, the applicant can proceed with Step 3 of the process.

STEP 3:

- Currently tiles are being installed by ADHDA's Design Committee will complete the ADHDA's portion of the Sidewalk Tile Replacement Program Application and indicate the amount of the improvements that will be reimbursed. **A copy of the completed Sidewalk Tile Replacement Program Application will be returned to the applicant.**
- **If the sidewalk is expected to be fully obstructed, a Submit an Encroachment Permit Application** (if applicable). Upon approval of all necessary permits, the contractor can begin the work. All work must be completed per the conditions and requirements of the issued permits and the improvements must be accepted by ADHDA and the City to be eligible for reimbursement. Any revision to the improvements described in the permits must be approved prior to the work being performed to be eligible for reimbursement.
- **Submit all invoices** applicable for reimbursement per the Sidewalk Tile Replacement Program Application. The Astoria Downtown Historic District Association will review all submitted invoices and, if acceptable, submit a reimbursement to the applicant which generally takes three weeks to process.
- Sidewalk tiles must be flush to sidewalk to meet ADA requirements of ¼ inch

SIDEWALK TILE REPLACEMENT PROGRAM, APPLICATION

Name of Applicant _____ Date of Application _____

Business Name _____

Street Address _____

Mailing Address (if different from Street Address) _____

Phone Number _____

Building Address _____

Building Owner Contact Name (if different from Applicant) _____

Building Owner Phone Number (if different from Applicant) _____

Total project cost _____ Amount of Grant Request _____

Estimated start and completion dates _____

Installation of sidewalk tiles _____

I understand my **Sidewalk Tile Replacement Program** request does not relieve me of any obligation pursuant to City ordinance and/or state law that requires me to maintain the sidewalk and curb adjacent to my property in a safe manner. I understand that the City and/or ADHDA will inspect the work and will participate in the project ONLY if the work is completed according to City Standards and Specifications. I understand that I am responsible for paying any and all contractors and/or suppliers with whom I contract.

Priority Needs:

- Safety
- Enhancement
- Aesthetics

Signature of Applicant

Signature of Property Owner (if different)

Date of Approval

ADHDA

Please indicate where the requested sidewalk tiles are to be installed or replaced by filling in the below diagram as it relates to the fronting street name and building/business name. Please list any other pertinent information.

Building/Business Name: _____

Street Name: _____