



# City of Long Beach

## BULKHEAD ASSISTANCE PROGRAM



The City Council of the City of Long Beach, in an effort to assist residents, has introduced a bulkhead replacement/repair program by which residents can opt to have the City assist in obtaining the proper permitting for their bulkhead replacement/repair as well as the actual work that needs to be performed. Residents will have the option of reimbursing the City immediately for the cost associated with this work or have payments attached to their property tax bill for up to 20 years to defray the cost. Participation in this program is voluntary, and is available to all homeowners with bulkheading as part of their property AND that have not started any construction replacement/repair of that bulkheading.

### RESIDENT/PROPERTY INFORMATION

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

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Are you the property owner? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you interested in utilizing the City's consultant for design and permitting?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you interested in utilizing the City's contractor for the replacement/repair of your bulkhead?:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to have the payment for this work added to your tax bill? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how many years do you wish to spread the payment (maximum of 20 years)? \_\_\_\_\_

Please provide a brief description of the current condition of your bulkheading;

\_\_\_\_\_

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

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Date Assigned to Consultant: \_\_\_\_\_

Date DEC Permit Received: \_\_\_\_\_

Date ACOE Permit Received: \_\_\_\_\_

Date TOH Permit Received: \_\_\_\_\_ Date Assigned for Construction: \_\_\_\_\_

Notes:

\_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_