

VILLAGE OF GLEN ELLYN

OVERHEAD SEWER / BACKFLOW PREVENTION VALVE GRANT PROGRAM



Part 1 - GENERAL INFORMATION

Today's Date: ____/____/____

Name: *(Please Print)* _____ Daytime Phone: _____

Address: _____, Glen Ellyn, IL 60137

Number of sewer back-ups within the last 12 months? _____

Years of residency: _____ Number of sewer back-ups within years of residency: _____

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1. Drawings of:
 - a. Basement area: indicate location of clean outs, floor drains, bathroom, laundry tubs, water heater, furnace etc.
 - b. Contractor's proposed work
2. A **DVD or VHS format video tape of the sanitary service** that requires no additional software downloads to view with location, date, project owner and contractors name. Include at least 20' outside foundation wall or inspection of exploratory excavation of sanitary service exposed to 5' outside foundation wall.
3. A reviewable **television report** must accompany all sewer televising and utilize voice-over (or written report) and include starting and ending locations, direction of camera movement and description, starting and ending points of pipe failures.
4. Contractor's cost estimate. The Village suggests that at least 3 estimates be obtained.

All existing sump pumps, down spouts, foundation or area drain lines discharging ground or rainwater into the sanitary system **must be eliminated** to qualify for Village reimbursement.

Signature of Applicant : _____

After review, Public Works Department will contact applicant. Applicant must then set up pre-inspection appointment with Building Department 630-469-5000 x5250).

(over)

Part 2 – GRANT PROGRAM ELIGIBILITY for 50% of system cost not to exceed \$5,000

Approved Not Approved

_____/_____/_____
Signature of Public Works Official *Print Name* *Date*

PRE-INSPECTION:

_____/_____/_____
Signature of Public Works or Plumbing Inspector *Print Name* *Date*

_____/_____/_____
Signature of Plumbing Contractor *Print Name* *Date*

NOTE: After pre-inspection approval by inspector, applicant must go to Building Department, 535 Duane Street, Glen Ellyn, Illinois to pay required fees to receive permit.

Part 3 – CERTIFICATION OF FINAL INSPECTION

Approved Not Approved

_____/_____/_____
Signature of Inspector *Print Name* *Date*

APPROVED PROJECT COMPLETION, REIMBURSEMENT REQUEST AND RELEASE OF ALL CLAIMS:

The undersigned, being of lawful age, does hereby release and forever discharge the Village of Glen Ellyn, Illinois and its executors, administrators, agents, employees and successors of and from any and all actions, claims, demands, costs, expenses and additional compensation as defined in the Village of Glen Ellyn Overhead Sewer/Backflow Prevention Valve Grant Program.

It is expressly understood and agreed that in making this release, the undersigned accepts the agreed upon amount as payment in full for any obligation the Village may have incurred related to this program at the referenced address. It is also understood and agreed that participation in and reimbursement through this program is limited to one time only per address.

This release is executed with the understanding that the total compensation from the Village of Glen Ellyn, under its Overhead Sewer/Backflow Prevention Valve Grant Program is \$_____, and relates to necessary repairs made on or about _____, 20____ at _____ Glen Ellyn, Illinois.

I understand that any attempt to misrepresent or defraud the Village of Glen Ellyn can lead to civil and/or criminal prosecution.

SIGNED this _____ day of _____, 20_____.

Signature of Applicant *Signature of Notary*

Print Name

Part 4 – AUTHORIZATION FOR REIMBURSEMENT

Approved for reimbursement in the amount of \$_____ for overhead sewer / backflow prevention valve work performed in accordance with the terms of the Grant Program.

_____/_____/_____
Signature of Public Works Official *Print Name* *Date*