

VILLAGE OF STREAMWOOD
APPLICATION FOR "ONE TIME" REIMBURSEMENT - SEWER ANTI-BACKUP DEVICE

Property Address* _____

Owner Name* _____

Owner Address* _____

Owner Telephone and Email* Tel. _____ Email _____

Type of System (select one)*: Overhead Sewer Sanitary Check Valve

Contractor Name _____

Contractor Address _____

Contractor Telephone _____

Estimated System Cost (Attach documentation i.e. cost proposal)* \$ _____

I understand and agree that the Village reviews and approves the design and installation of sewer anti-backup devices for compliance with applicable code and that my receiving a reimbursement of any of the related costs pursuant to this application does not mean that the Village guarantees the design or performance of the installed device. I also understand and agree that the Village is not responsible for maintaining and operating private property, and this includes any sewer anti-backup devices that I may install. Therefore, in return for the Village's approval of this reimbursement request, I agree not to file any claim against the Village for any damages related to sanitary and/or storm sewer backups, including claims that the anti-backup device was improperly designed/inspected by the Village, as well as claims that the anti-backup device failed to operate properly.

Owner's Signature*: _____

For Office Use

Pre-Construction Inspection Date _____

Inspection Findings	Yes	No	Corrected Date
Downspouts to Sanitary	_____	_____	_____
Storm Sump Pump to Sanitary	_____	_____	_____
Window or Foundation Drains to Sanitary	_____	_____	_____
Area Drains to Sanitary	_____	_____	_____
Other Inflow	_____	_____	_____
Sanitary Service Televised	_____	_____	_____

Inspector: _____

Evidence of Payment Cancelled Check Contractor Statement (Waiver)

Building Permit # _____

Reimbursement Amount \$ _____ Max 50% of total up to \$2500.00

Approved by: _____

* Required