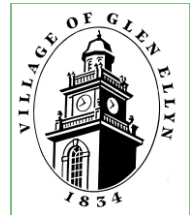


VILLAGE OF GLEN ELLYN

OVERHEAD SEWER / BACKFLOW PREVENTION VALVE GRANT PROGRAM



Application Form

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. Videotape of sanitary service for at least 20' outside foundation wall or inspection of exploratory excavation of sanitary service exposed to 5' outside foundation wall. (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).
3. Contractor's cost estimate. The Village suggests that at least 3 estimates be obtained.

Signature of Applicant : _____

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

(over)

