

OVERHEAD SEWER COST SHARE APPLICATION



Village of Franklin Park Building Department
9500 W. Belmont Ave., Franklin Park, IL 60131
Phone: (847) 671-8245; Fax: (847) 671-8790

Section 1 – General Information

Homeowner's Name _____
Property Address: _____
Phone Numbers: _____ (home) _____ (mobile)
e-mail Address: _____

Section 2 – Description

1. Have you ever experienced a sewer backup inside your home? Yes No
How often? _____

What was the amount of the damages? _____

2. List below a minimum of three (3) proposals received from licensed plumbing contractors. Attach all detailed proposals to this document.

Plumbing Contractor	Proposal Amount
_____	_____
_____	_____
_____	_____

Low Contractor: _____

If my project is approved, I understand that all work must be completed and inspected prior to issuance of reimbursement by the Village and the work must be installed and maintained in accordance with Village's Ordinances.

Signature: _____ Date: _____

PLEASE DO NOT MARK BELOW THIS LINE (OFFICE USE ONLY)

Approved by Village Engineer Date: _____ Initials: _____
 Approved by Building Department Building Permit #: _____
 Construction Inspection Complete Date: _____ Initials: _____
 Request for Reimbursement Received Date: _____ Initials: _____
Reimbursement Amount: _____ Date Sent: _____

**OVERHEAD SEWER COST SHARE APPLICATION
REQUEST FOR REIMBURSEMENT FORM**



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Section 1 – General Information

Homeowner's Name _____

Property Address: _____

Phone Numbers: _____ (home) _____ (mobile)

e-mail Address: _____

Total Amount of Reimbursement Requested: _____
*(50% of eligible expenses not to exceed \$3,500
subject to funding availability)*

Explain any discrepancies between the amount agreed upon at the time the project was approved and the amount listed above: _____

Section 2 – Owner Certification

I, _____ am the homeowner of the premises indicated above and I certify that all the information contained on this Request for Reimbursement Form is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Notary Signature: _____ Date: _____