

Northfield Township Sanitary Sewer System  
3801 West Lake Avenue  
Glenview, IL 60026  
847-724-7055

**Overhead Sanitary Sewer Conversion Cost-Sharing Reimbursement Program**

**APPLICATION**

Home Owner's Name & Phone Number: \_\_\_\_\_

Home Owner's Address: \_\_\_\_\_

Year house was constructed: \_\_\_\_\_

Contractor's Name and Phone Number: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Plumber's Illinois License # \_\_\_\_\_

Estimated Cost for Project \$ \_\_\_\_\_

Submittal Checklist:

1. Proof of Home Ownership and Occupancy
2. Contractor check list
3. 4 sets of plans meeting Township's requirements
4. 3 quotes from Contractors including itemized breakdown of all major construction items.
5. Certification that sanitary service is PVC. If PVC, a DVD of sanitary service from home to main line connection.
6. Briefly describe main work required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If approved and I receive Township grant monies for the overhead sewer reimbursement I understand that all work will be constructed and maintained in accordance with Township's, Village's and Cook County's Ordinances.

(Signed by Home Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Submit to:

.....

(For Township Use only)

Plan Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection(s) Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(To match inspection checklist provided to homeowner)

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**CONTRACTOR CHECKLIST**

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

- 1. The homeowner is the resident of the property Yes/No
- 2. Property was built before 1980 Yes/No
- 3. Overhead sewer present Yes/No
- 4. Storm sump is connected to the sanitary service Yes/No
- 5. Combined sump Yes/No
- 6. Diverter valve Yes/No
- 7. Unsealed sanitary sump Yes/No
- 8. Footing tile directly connected to sanitary service Yes/No

***“Yes” answers to any of 3-7 must be corrected as part of this project***

- 9. Sanitary service is PVC and less than 10 years old Yes/No

***If “Yes” DVD of sanitary service from home to main sewer connection required.  
If “No” cost must be provided to line or replace sanitary service.***

- 10. The property has a cleanout less than 10 feet from the foundation  
and no more than 80 feet apart Yes/No

***If “No” one or more must be provided as part of this project***

- 11. All storm connections to the sanitary service (downspouts,  
area drains, etc.) shall be disconnected as part of this project Yes

- 12. Four (4) sets of plans for work including all Township requirements and  
items as itemized above and rehabilitation of sanitary sewer by lining or replacement

- 13. Cost estimate including breakdown of all major items

- 14. Work must be completed within 90 days from receipt of Township permit

***I do certify that all the above information is a true and accurate evaluation of the  
property and that the proposed work shall be undertaken in accordance with  
Township requirements and Illinois Plumbing Code.***

Name: \_\_\_\_\_ IL Plumber’s License No: \_\_\_\_\_

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

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

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**REQUEST FOR REIMBURSEMENT CHECKLIST**

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

- 1. Inspection Checklist
  
- 2. Internal television DVD of the new/rehabilitated sanitary service identifying location and date of inspection on the audio
  
- 3. Proof of payment, in the form of waivers and paid receipts that all costs associated with the installation of the overhead system, the removal of the foundation drain and all other storm connections (if appropriate) and the rehabilitation of the sanitary lateral have been made

Signed: \_\_\_\_\_

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

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

.....

(For Township Use Only)

Inspections Complete \_\_\_\_\_ Date: \_\_\_\_\_

Sanitary Service DVD reviewed \_\_\_\_\_ Date: \_\_\_\_\_

Eligible costs \$ \_\_\_\_\_

Amount of reimbursement \$ \_\_\_\_\_ Paid Receipt received