

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:

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(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 reports and approval from agency having jurisdiction (village or county)

- 2. Internal television DVD of the new/rehabilitated sanitary service identifying location and date of inspection on the audio (if service was sliplined)

- 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

- 4. All rights of way and/or easements have been restored to their original conditions.

Signed: _____

Name: _____

Phone: _____

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(For Township Use Only)

Inspections Complete _____ Date: _____

Sanitary Service DVD reviewed _____ Date: _____

Eligible costs \$ _____

Amount of reimbursement \$ _____ Paid Receipt received