

REAR YARD DRAINAGE 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

Each property shall complete a separate application form if filing a joint application for multiple addresses
Please attach plans or drawings and photos to this application

Section 1 – General Information

Homeowner's Name: _____

Property Address: _____

Phone Numbers: _____ (home) _____ (mobile)

Number of Properties Affected: _____

e-mail Address: _____

Number of Properties Included in the Application: _____

Section 2 – Description of the Problem

1. How long has the problem existed? _____

2. Have you experienced flooding inside your home? Yes No

How often? _____

Where did the water enter the home? _____

3. Is there ponding water your yard following a storm event? Yes No

If yes, how long does it stay? _____

4. Provide a detailed description of the problem: _____

5. Who will be doing the work: I will hire a Contractor I will do the work myself

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)

Agreed Upon Reimbursement Amount: _____

Using a Contractor? Yes No If yes, Contractor Name: _____

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: _____

**REAR YARD DRAINAGE COST SHARE PROGRAM
REQUEST FOR REIMBURSEMENT FORM**



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Section 1 – General Information

Homeowner's Name _____

Property Address: _____

Phone Numbers: _____ (home) _____ (mobile)

e-mail Address: _____

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

	Contractor	Proposal Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____

Low Contractor: _____

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: _____