

ALTOONA FOOTING DRAIN DISCONNECTION GRANT APPLICATION

PROPERTY ADDRESS:TYPE: SINGLE FAMILY DUPLEX MULTIFAMILY **OWNER/APPLICANT:**

ADDRESS:

HOME PHONE#:

OTHER PHONE#:

CONDITIONS OF FINANCIAL ASSISTANCE GRANT. Any sanitary sewer customer requesting the financial assistance grant must be the owner of the property and as a condition of the grant must agree in writing to the following:

- Inspection. The City, on reasonable notice, may inspect the footing drain connection at any time.
- Maintenance and Repair. The property owner shall maintain the sump pump system and timely complete any repairs or replacement of the sump pump system.
- Discharge Modifications Prohibited. The property owner shall agree not to modify the sump pump discharge in any manner that would directly or indirectly contribute footing drain flow to the sanitary sewer system.
- Non-Compliance Charge for Footing Drain Connection. The property owner shall agree to be subject to the non-compliance charge regarding the user fee for footing drain connection in the event the property owner fails to repair or replace the sump pump or to cure any other prohibited modifications of the system within thirty (30) days following notice by the City.
- Agreement Runs with the Land. The property owner shall agree that the agreement shall run with the land and such agreement may be recorded by the City in the office of the Polk County Recorder.
- At which time the City completes a public footing drain collection system and provides a discharge service stub to the property, the sanitary sewer customer is required to install the sump pump system and connect into the public footing drain collection system.

ALL GRANTS ARE BASED UPON AVAILABLE FUNDING

I have previously participated in the Altoona Footing Drain Disconnection Grant Program

Applicant agrees to abide by all provisions of the Altoona Code of Ordinances and Policy applicable to this project. The undersigned certifies under penalty of perjury, pursuant to the laws of the State of Iowa that he/she is the owner of the subject property, has read and understood the attached Footing Drain Disconnection Financial Assistance Grant Policy, and the statements contained herein, and the attachments hereto, are true, accurate, and correct.

Applicant: _____ Date: _____

Print Name: _____

Co-Applicant: _____ Date: _____

Print Name: _____

PLEASE REQUEST COPY OF FOOTING DRAIN DISCONNECTION FINANCIAL ASSISTANCE GRANT POLICY & INFORMATIONAL HANDOUT

CITY USE ONLY

DATE SUBMITTED _____

WASTE WATER DEPT PRE INSPECTION	DATE:
NOTES:	
REMOVAL METHOD APPLIED FOR	TIER 1 <input type="checkbox"/> TIER 2 <input type="checkbox"/> TIER 3 <input type="checkbox"/>
APPROVED: YES NO	
INSPECTOR SIGNATURE:	PRINT NAME:

BUILDING DEPT CONSTRUCTION INSPECTION	DATE:
NOTES:	
REMOVAL METHOD USED	TIER 1 <input type="checkbox"/> TIER 2 <input type="checkbox"/> TIER 3 <input type="checkbox"/>
PLUMBING PERMIT ATTACHED	<input type="checkbox"/>
APPROVED: YES NO	
INSPECTOR SIGNATURE:	PRINT NAME:

CITY CLERK	PREVIOUSLY PAID AMOUNT \$
	AMOUNT REMAINING TO BE PAID \$
NOTES:	

CITY CLERK	DATE:
NOTES:	
ALL RECEIPTS, INVOICES, VOUCHERS SUBMITTED	<input type="checkbox"/>
APPROVED: YES NO	
CITY CLERK:	PRINT NAME: