

Capital Projects / Inspectional Services Department 2500 East Lake Avenue Glenview, IL 60026 847-904-4320

Overhead Sanitary Sewer Conversion Cost-Sharing Reimbursement Program APPLICATION

Home Owner's	s Name & Phone Number:	
Home Owner's	s Address:	
Year house was	as constructed?	
Contractor's Na	lame and Phone Number:	
Contractor's Ac	ddress:	
Plumbers Illino	ois License #	
Estimated Cost	st for Project \$	
Submittal Chec	ecklist:	
1.	Proof of Home Ownership and Occupancy	
2.	Contractor Checklist	
3.	2 sets of plans meeting Village's requirements	
4.	3 quotes from Contractor's including itemized breakdown of all major of	construction items.
5.	Briefly describe main work required:	
	nd I receive Village Grant monies for the overhead sewer reimbursement e constructed and maintained in accordance with Village's Ordinances.	: I understand that
(Signed by Hor	ome Owner): Date:	
Submit to:		
(For Village Use	se only)	
Plan Approved	d by Plan Review Div: Date:	_
Plan Approved	d by:	
	Approved by Inspectional Services Division: pection reports provided to homeowner)	Date:

INDEMNIFICATION AND HOLD HARMLESS. To the fullest extent permitted by law, HOMEOWNER hereby agrees to defend, indemnify and hold harmless the VILLAGE, and all of its agents, board of trustees, officers, administrators, agents, and employees ("Indemnified Parties") from and against all claims, damages, actions, liabilities, losses (including economic losses), injuries, lawsuits, costs, expenses and liens, including but not limited to, reasonable attorneys' fees, relating to HOMEOWNER's participation in the PROGRAM. Any costs or expenses, including reasonable attorneys' fees, incurred by Indemnified Parties to enforce the indemnification obligations hereunder shall be borne by HOMEOWNER.