



The Village of Glenview

RAIN GARDEN PROGRAM APPLICATION

Home Owner's Name & Phone Number: _____

Home Owner's Address: _____

Landscaper's Name & Phone Number: _____

Landscaper's Address: _____

Estimated Cost for Project: \$ _____

Submittal Checklist:

1. 4 sets of plans meeting Village's requirements
2. The plants match the Village's suggested list (or acceptable alternatives)
3. The plan addresses a drainage issue/concern

Briefly describe the drainage issue/concern: _____

If approved and I receive Village grant monies for this rain garden's installation, as the homeowner, I will diligently attempt to maintain the rain garden to the best of my abilities for five years and allow the Village to monitor its success on my property.

(Signed by Home Owner): _____ Date: _____

Submit to: Village Hall (1225 Waukegan Road)

(For Village use only)

Plan Approved by Plan Review Div. - _____ Date: _____

Plan Approved by Natural Resources Div. - _____ Date: _____

Inspection Approved by the Construction Div. - _____ Date: _____

Paid Receipt Received Amount for Reimbursement - \$ _____