



Morton Grove Overhead Sewer and Flood Control Device Assistance Program

**Village of Morton Grove Public Works Department
7840 Nagle Avenue
Morton Grove IL 60053
(847)470-5235**

APPLICATION FORM

TO BE FILLED OUT BY APPLICANT

PLEASE PROVIDE THE FOLLOWING INFORMATION

DATE: _____ PHONE: _____

OWNER NAME: _____ E-MAIL _____

ADDRESS: _____

DESCRIPTION OF WORK _____

OWNER'S SIGNATURE: _____

Morton Grove Overhead Sewer and Flood Control Device Assistance Program

OWNER CHECKLIST FOR **OVERHEAD SEWER CONVERSION WITH STORM SEWER SEPARATION**

Location of Sewer Improvement: _____ **Date Received**_____

Owners Name: _____

This checklist should be filed by the owner with the completed applications. *The application will NOT be deemed complete until all missing items have been addressed by the Owner.*

ITEMS TO BE COMPLETED BY OWNER WITH APPLICATION

| Requirement for - Overhead Conversion Improvement | Submitted (Owner to complete this column only) | Received by Village (Date/Initials) |
|---|---|---|
| Program Application - description of work to be completed, dated and signed by all owners | YES /NO | |
| Submittal of three (3) written detailed proposals for Overhead Conversion WITH Storm Sewer Separation | YES /NO | |
| Owner has filed all necessary building permit applications and documents and plans for the described Overhead Conversion work | YES /NO | |
| Letter to Proceed from Public Works has been received by homeowner | YES /NO | |
| Submittal of paid invoice and contractors waiver of lien for all related work to Public Works | YES /NO | |
| Submittal of Homeowners current Deed or Title Insurance | YES /NO | |

Owners Submittal Checklist Completed by: _____ on _____
(Signature) (Date)

(Printed Name)

Note: Work must be completed within 90 days from notification by the Village, in-order to remain eligible for loan.

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OWNER CHECKLIST FOR **FLOOD CONTROL DEVICE INSTALLATION**

Location of Sewer Improvement: _____ **Date Received** _____

Owners Name: _____

This checklist should be filed by the owner with the completed applications. *The application will NOT be deemed complete until all missing items have been addressed by the Owner.*

ITEMS TO BE COMPLETED BY OWNER WITH APPLICATION

| Requirement for - Flood Control Conversion Improvement | Submitted (Owner to complete this column only) | Received by Village (Date/Initials) |
|--|---|---|
| Program Application - description of work to be completed, dated and signed by all owners | YES /NO | |
| Submittal of three (3) written detailed proposals for Flood Control Conversion work | YES /NO | |
| Owner has filed all necessary building permit applications and documents and plans for the described Flood Control Conversion work | YES /NO | |
| Letter to Proceed from Public Works has been received by homeowner | YES /NO | |
| Submittal of paid invoice and contractors waiver of lien for all related work to Public Works | YES /NO | |
| Submittal of Homeowners current Deed or Title Insurance | YES /NO | |

Owners Submittal Checklist Completed by: _____ on _____
(Signature) (Date)

(Printed Name)

Note: Work must be completed within 90 days from notification by the Village, in-order to remain eligible for loan.