



# City of Mentor Sanitary Sewer Backup Reduction Grant Application

## APPLICATION INFORMATION

OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

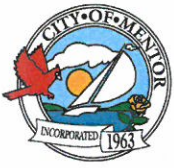
PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Program Eligibility Requirements: (Please check one)

1. Property has experienced a sanitary sewer backup on or after February 28, 2011 unrelated to a failure of the owner's private system and sufficient proof of such event is provided (e.g., Insurance claim, previous report to Lake County Dept. of Utilities, restoration costs or other clarifying information acceptable to the City); **or**
2. Vertical separation between the lowest sanitary sewer connection and top of sanitary sewer is less than 3 feet at the point where the private service line is likely connected. The City of Mentor Engineering Department shall verify all elevations, and the City Engineer shall resolve any disputes; **or**
3. Backflow device has already been installed between February 28, 2011 and August 9, 2013 (with supporting documentation) **AND ALSO** one of the above eligibility requirements is met. In this case, the grant application shall be for reimbursement of eligible costs.

Program Conditions:

1. Structure is legally connected to the Lake County sanitary sewer collection system and owner agrees to allow reasonable testing (such as smoke or dye introduction) to make such a determination. Any connections such as downspouts or sump pumps found to be illegally connected into the sanitary system shall be immediately disconnected and rerouted to the appropriate outlet.
2. The applicant agrees to construct any improvements in accordance with all applicable local and state building and utility codes and to obtain all required permits.
3. The property owner shall agree to allow the Lake County Dept. of Utilities to televise the sanitary lateral from the structure to the main line prior to any work being commenced as required by the County. If any deficiencies in the line are observed, the property owner agrees to remedy such deficiencies consistent with any rules and regulations that may exist at the time of grant application.
4. Eligible work includes the elimination of basement connections, the installation of backflow prevention or (backwater) check valves, floor drain plugs, floor drain float plugs, or standpipes; conversion to overhead or high-wall plumbing; or other improvements approved by the City Engineer and Chief Building Official that will prevent sanitary sewage from entering the dwelling's fixtures or sanitary drain connections to the public sanitary sewer system. All restoration work necessary as a direct result of these repairs is also eligible. Restoration work does not include wall or floor coverings, replacement of appliances or other private property. The cleaning or maintenance of the sanitary sewer service line is also ineligible. **All properties, regardless of changes in ownership or project cost, shall be eligible for only one grant award.**
5. Eligible applicants must obtain at least three quotes from licensed private contractors registered to perform work within the City of Mentor and Lake County. Each quote must clearly reflect the work to be performed and how the proposed improvement will prevent or reduce the likelihood of sanitary backups into the dwelling. A City Inspector must inspect the home prior to any work and verify the necessity of the work and that such improvement satisfies program goals. **Permits must be obtained to perform any and all work performed.** City of Mentor permit fees for eligible improvements under this program shall be waived.
6. The lowest and best of the three (or more) quotes obtained by the owner shall be recommended. The City shall provide up to 75% of the eligible project cost up to a maximum of \$1,500.00 in total financial assistance for approved improvements upon completion of the work. Completion shall be defined as passing final inspection and finishing any related restoration work to the satisfaction of the City and Lake County. The City will either reimburse the owner directly for such improvement or pay the contractor directly upon completion. In either case, the applicant understands the work to be performed represents a contract between the property owner and contractor, and the



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City is in no way liable for system failures, future claims related to unacceptable workmanship, or any damage resulting from sanitary sewer backup or flooding, or any claims of any nature regarding the work of the contractor.

7. Applicants understand that participation in the Sanitary Sewer Backup Reduction Grant Program is voluntary and any work performed pursuant to this program does not guarantee the elimination of all risk of sanitary sewer backups. The City encourages regular and proper maintenance of any and all systems installed to prevent sanitary sewer backups. The City accepts no responsibility for property damage resulting from future sanitary sewer backups.
8. In the event of a previously installed backflow device in which reimbursement is requested the requirement of a minimum of three quotes will be waived. All other program conditions still remain applicable.
9. The processing of applications will be considered in the order in which they are received. Once the program funding limit is reached the program shall cease.
10. Please list any supporting documentation provided, including, but not limited to, insurance claims, receipts, contractor quotes, etc:

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Application is hereby submitted to participate in the City of Mentor Sanitary Sewer Backup Reduction Program. It is hereby specifically agreed that the signatories and their assigns shall comply with all Codes and Ordinances of the City of Mentor, Lake County, and the State of Ohio, and all the conditions contained in this application, and the applicant further agrees to cause all required inspections to be scheduled and obtain the necessary approval for the required inspections associated with this application. This application submittal is a public record pursuant to the provisions of the Ohio State Open Records Act and a legal document. You are asked to furnish the information on this form to the best of your knowledge and ability. Any information that is yet to be determined must be so noted and provided later to complete the process. Purposely filing false or misleading information is a violation of City and State Ordinances and may be cause to void any grant and may subject you to criminal prosecution. If the requested information is not supplied, be aware that the application may take longer to process. Additional information may be required to review and approve your application. **By signing, the applicant affirms they are the owner of the property listed on page one, that they have read this entire application, and they agree to comply with all provisions herein.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The following must be notified at least 48 hours before Construction starts for field location identification:**  
Ohio Utilities Protection Service 800-362-2764 / Aqua Ohio 877-987-2782 / Time Warner Cable 440-974-3401

**OFFICE USE ONLY:**

Department Approval \_\_\_\_\_ Date: \_\_\_\_\_