

RESIDENTIAL DRAINAGE GRANT PROGRAM APPLICATION

(Last revised 12/05/2024)

Part 1 – PROJECT APPLICANT

Date: _____

Applicant: _____ Phone: _____

Address: _____ Lombard, IL 60148

Email: _____

Co-applicants agree that applicant is duly authorized to communicate with the Village on their behalf.

Co-Applicant: _____ Street Address: _____

Co-Applicant: _____ Street Address: _____

Co-Applicant: _____ Street Address: _____

Co-Applicant: _____ Street Address: _____

Part 2 – EVIDENCE OF STANDING WATER FOR 72 HOURS AFFECTING 2 OR MORE PROPERTIES

How often does the property collect water that remains for at least 72 hours? _____

How many properties are impacted? _____.

How many years has it flooded? _____

Please attach/email photos (PES@villageoflombard.org), statements, inspections, or any other evidence that this property has experienced backyard drainage problems resulting in standing water for 72 hours affecting at least 2 properties. The Village of Lombard requires that a property inspection be performed prior to grant approval.

The included information is true to the best of our knowledge:

Signature of Applicant (digital signature accepted)

Signature of Co-Applicant (digital signature accepted)

Signature of Co-Applicant (digital signature accepted)

Signature of Co-Applicant (digital signature accepted)

Signature of Co-Applicant (digital signature accepted)

REIMBURSEMENT AGREEMENT

Date: _____

To: Public Works Department

From: Drainage Project Applicant and Co-Applicant

Subject: Agreed reimbursement amounts

We agree to the following distribution of reimbursement amounts for project costs:

Please print CLEARLY:

Applicant _____	\$ _____ or _____%	Signature _____
Address _____ Lombard, IL 60148		

Co-Applicant _____	\$ _____ or _____%	Signature _____
Address _____ Lombard, IL 60148		
Co-Applicant _____	\$ _____ or _____%	Signature _____
Address _____ Lombard, IL 60148		
Co-Applicant _____	\$ _____ or _____%	Signature _____
Address _____ Lombard, IL 60148		
Co-Applicant _____	\$ _____ or _____%	Signature _____
Address _____ Lombard, IL 60148		

REIMBURSEMENT PAYMENT APPROVAL

For Village staff use:	Account # <u>7901.756420 #0119</u>
Approved: _____ Building Director	_____ Date
Approved: _____ Director of Public Works	_____ Date
Approved: _____ Finance Director	_____ Date
Approved: _____ Village Manager	_____ Date