



SLIEP CHECKLIST / APPLICATION

HOMEOWNER / APPLICANT NAME: _____

ADDRESS: _____

SEWER CAMERA INSPECTION

CITY LICENSED PLUMBER: _____

CAMERA INSPECTION:	Provide copy of inspection to the City
ESTIMATE OF WORK:	Provide written estimate to the City
DESCRIPTION OF ISSUE:	Provide written description from City Licensed Plumber

STORMWATER INFLOW INSPECTION – CALL CITY TO SCHEDULE

DATE OF DISCONNECT: _____

METHOD OF DISCONNECT: SPLASH PAD FRENCH DRAIN

 PIPE TO CURB RAIN BARREL

OTHER: _____

DATE OF INPECTION: _____

CITY INSPECTOR: _____

OTHER CITY PERMITS

STREET EXCAVATION PERMIT ISSUANCE DATE: _____

SEWER LATER PERMIT ISSUANCE DATE: _____

COMPLETION OF WORK

COMPLETION DATE OF WORK: _____

CITY INSPECTOR: _____

METHOD OF REPLACEMENT: CIPP OR REMOVE/REPLACE

APPROVED BY _____

REIMBURSEMENT REQUEST

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

The above owner has completed all requirements to be eligible for the following reimbursement as outlined in the Sewer Rehabilitation/Replacement Program.

The reimbursement amount is: _____

Please process a check and mail to the owner's address.

John Nilges, Public Works Director

Date