

Property Protection Pilot Program
City of Boone
Property Data Form (last updated 12-12-08)

FORM B – POST CONSTRUCTION EVALUATION

DATE SUBMITTED: _____

APPLICANT		PLUMBER/CONTRACTOR	
OWNER		COMPANY	
ADDRESS OF SITE		ADDRESS	
REPRESENTATIVE	TELEPHONE	REPRESENTATIVE	TELEPHONE

DATE(S) IMPROVEMENTS CONSTRUCTED: _____

PLEASE RESPOND TO ALL QUESTIONS			YES	NO
1. Did construction follow proposal submitted for property? If No=> Provide details of how/why construction varied from proposed:			<input type="checkbox"/>	<input type="checkbox"/>
2. Are construction drawings and any applicable receipts, manuals, etc for products installed attached?			<input type="checkbox"/>	<input type="checkbox"/>
3. Is an itemized invoice indicating improvements/work performed and total costs attached?			<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a reduction of non-sanitary flow in sanitary service from structure? If Yes=> Percent reduction in non-sanitary flow in sanitary service?			<input type="checkbox"/>	<input type="checkbox"/>
5. Is there non-sanitary flow in sanitary sewer service line still present? If Yes=> Proposed action to determine source of non-sanitary flow and to remove from sanitary sewer:			<input type="checkbox"/>	<input type="checkbox"/>

6. Additional notes, comments and suggestions on how the Property Protection Pilot Program could be improved:

7. Sketch installed improvements:

House Plan



Street _____

DO NOT WRITE IN THIS AREA - THIS AREA TO BE FILLED OUT BY CITY

8. General notes on how successful project was, what are the major cost components of improvements, what is the most beneficial improvement, etc.

CERTIFICATION

PLUMBER/CONTRACTOR

I certify that I have completed the improvements detailed and all information contained in this document is complete and accurate to the best of my knowledge. I also certify that I have received payment from the applicant for the work performed.

SIGNATURE

DATE

APPLICANT

I certify that the work performed conforms with the guidelines of the Property Protection Pilot Program and I am requesting reimbursement from the City for the following amount. I also certify that I have made payment to the contractor for the work performed and copies of the invoice and payment are attached.

AMOUNT

SIGNATURE

DATE

\$ _____

CITY OF BOONE

I certify that the work performed conforms with the guidelines of the Property Protection Pilot Program and I authorize the reimbursement to the applicant the amount below:

AMOUNT

SIGNATURE

DATE

\$ _____