Property Protection Program

City of Boone

# Property Data Form

FORM A – INITIAL INVESTIGATION Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| APPLICANT | PLUMBER/CONTRACTOR |
| OWNER      | COMPANY      |
| ADDRESS OF SITE       | ADDRESS      |
| REPRESENTATIVE TELEPHONE            | REPRESENTATIVE TELEPHONE            |
| DATE INSPECTION/INVESTIGATION PERFORMED: |
|  **PLEASE RESPOND TO ALL QUESTIONS** | **YES**  | **NO** |
| 1. Does basement have floor drain(s)?
 | [ ]  |  | [ ]  |
|  **If Yes=>** | Number of floor drains \_\_\_\_\_\_\_\_\_\_\_\_\_\_Does floor drain have visible pipes, or an indication of pipes, entering it?If yes, describe: | [ ]  |  | [ ]  |
| 1. Sump pit and pump present?
 | [ ]  |  | [ ]  |
|  **If Yes=>** | Is sump pump operational?Is a valve installed to control discharge location of sump pump (ie: summer/winter)?Sump pump discharge locations (ie: side yard, sewer, other): | [ ] [ ]  |  | [ ] [ ]  |
| 1. If no sump pump present, or sump pump is present and not connected to storm sewer, what is the nearest storm sewer component sump discharge could be connected to? (ie: intake, 12-inch storm sewer):

Distance from property? |
| 1. Do structure roof drains/gutters outlet above ground?

**If No =>** Describe discharge | [ ]  | [ ]  |
| 1. Does the structure have a floor and/or perimeter drain tile?

**If Yes =>** Where does the tile drain? | [ ]  |  | [ ]  |
| 1. Is there an indication of non-sanitary flow in sanitary service from structure?

 **If Yes =>** Method of determining? Source of non-sanitary flow? Estimate of flow volume: | [ ]  |  | [ ]  |
| 1. Was the sanitary sewer service line excavated or televised?

 **If Yes=>** Size and material of service line? Condition of service line? | [ ]  |  | [ ]  |
| 1. Is a backflow preventer installed on the sanitary sewer service line?
 | [ ]  |  | [ ]  |
| 1. Proposed improvements to eliminate non-sanitary flow from sanitary sewer (All construction must conform to standards adopted and/or enforced by the City of Boone). Include brands/models of major components installed with itemized costs for each item:

  Complete costs to construct improvements, including restoration of structures and ground surface: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proposed dates for the improvements and restoration Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Sketch existing layout, slope of land and proposed improvements.

House Plan Street  |
| The applicant shall be responsible for full payment of all work performed. The City of Boone will reimburse the applicant for costs incurred to eliminate non-sanitary flow from the sanitary sewer system, up to a maximum of $250.00. Contractor to provide construction drawings detailing work performed and any applicable receipts, manuals and warranties for materials installed. |
| CERTIFICATION |
| APPLICANTI certify that I am the owner of the property and understand and approve the proposed improvements. I understand the City of Boone assumes no ownership, responsibility or liability for the improvements. I understand and agree to the terms and conditions of the Property Protection Pilot Program. | PLUMBER/CONTRACTORI certify that I have completed an investigation of the listed property and all information contained in this application is complete and accurate to the best of my knowledge. I certify that I have a City of Boone endorsement for this program. I agree to complete all proposed improvements and adhere to the estimated cost and timeline. |
| SIGNATURE DATE             | SIGNATURE DATE            |
| CITY OF BOONEI certify that I have reviewed this application and the project site. The proposed improvements conform to the guidelines and purpose of the Property Protection Pilot Program. . |  |
| SIGNATURE DATE            |  |
| The City may require Form A – Initial Investigation to be re-executed and submitted with updated findings, costs and proposed improvements if the applicant is accepted for the program.Form B – Post Construction Evaluation must be executed and submitted to the City by the plumber/contractor once construction is complete. Execution and submittal of Form B must be completed before reimbursement from the City will be authorized. |

**Property Protection Program**

City of Boone

# Property Data Form

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: |  |  |  |
| 1. Are construction drawings and any applicable receipts, manuals, etc for products installed attached?
 | [ ]  |  | [ ]  |
| 1. Is an itemized invoice indicating improvements/work performed and total costs attached?
 | [ ]  |  | [ ]  |
| 1. Is there a reduction of non-sanitary flow in sanitary service from structure?

 **If Yes=>** Percent reduction in non-sanitary flow in sanitary service? | [ ]  |  | [ ]  |
| 1. 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: | [ ]  |  | [ ]  |
| 1. Additional notes, comments and suggestions on how the Property Protection Pilot Program could be improved:
 |
| 1. Sketch installed improvements:

House Plan Street  |
| DO NOT WRITE IN THIS AREA - THIS AREA TO BE FILLED OUT BY CITY1. General notes on how successful project was, what are the major cost components of improvements, what is the most beneficial improvement, etc.
 |
| **CERTIFICATION** |
| PLUMBER/CONTRACTORI 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$\_\_\_\_\_\_\_\_\_\_\_\_  |
| CITY OF BOONE |
| I certify that the work performed conforms with the guidelines of the Property Protection Pilot Program and I authorize the reimbursement to the applicant the amount below:AMOUNT SIGNATURE DATE$\_\_\_\_\_\_\_\_\_\_\_\_  |