

PSSLGP#
_____**PRIVATE SANITARY SEWER LATERAL GRANT PROGRAM APPLICATION****SECTION 1: GENERAL INFORMATION**

Owner(s) Name: _____

Property Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Reside at the above property address: Yes: ☐ No: ☐

Mailing Address (if different from above): _____

City: _____ Postal Code: _____

How did you find out about the grant program? _____

Signature(s): _____ Date: _____

I certify by signing this application that I am legal owner of the property described herein. I am aware the submission of this document does not constitute that a grant has been approved by the City of Brantford. I have read the brochure discussing the requirements for the Sanitary Sewer Lateral Replacement Grant Program and am aware that a letter will be issued advising if funds have been granted. **Any repair work performed prior to receiving a letter of obligation from the City of Brantford is performed at my own risk and cost, and may render this application null and void. I understand that not all applications will be granted. I understand that all applications are subject to approval by the City of Brantford.**

SECTION 2: SANITARY SEWER LATERAL REPLACEMENT/RELINING ITEMIZED QUOTE

Contractor Name & License No.: _____

Quoted Price: _____ Date of Estimate: _____

Itemized Quote Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sanitary Sewer Replacement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sanitary Sewer Relining	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existing Sanitary Drain Cleanout	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sanitary Building Drain Cleanout is being installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2-way Sanitary Drain Clean-out is being installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Itemized quote must be submitted with your application form. Quote must list a breakdown of estimated costs for work to be undertaken, such as separate line item prices for pipe length and material costs, sanitary sewer lateral installation, driveway and front yard and other restoration, internal plumbing modification details, and other costs.

If you are applying on behalf of a non-profit organization, please provide proof of non-profit status (such as Letters Patent).

Please note that approvals are based on availability of funding at the time of application.

Please review the application to ensure it is complete to avoid delays and possible rejection of the application. Please submit your completed application to:

Public Works Commission
100 Wellington Square (City Hall), P.O. Box 818
Brantford, ON N3T 5R7
Phone: 519-759-4150 / Email: pwadmin@brantford.ca

The personal information collected on this form is collected under the authority of and is subject to disclosure under the terms of the *Municipal Freedom of Information and Protection of Privacy Act, 1990* and will be used to determine eligibility for the Private Sanitary Sewer Lateral Grant Program.