



The Village of Glenview

Capital Projects / Inspectional Service Department
2500 East Lake Avenue
Glenview, IL 60026
847-904-4320

Overhead Sanitary Sewer Conversion Cost-Sharing Reimbursement Program CONTRACTOR CHECKLIST

Property Address: _____

- 1. The homeowner is the resident of the property Yes/No
- 2. Property was built before 1980 Yes/No
- 3. Overhead sewer present Yes/No
- 4. Storm sump is connected to the sanitary service Yes/No
- 5. Combined sump Yes/No
- 6. Diverter valve Yes/No
- 7. Unsealed sanitary sump Yes/No
- 8. Footing tile directly connected to sanitary service Yes/No

"Yes" answers to any of 3-7 must be corrected as part of this project

- 9. Sanitary service is PVC and less than 10 years old Yes/No

***If "YES" DVD of sanitary service from home to main sewer connection required.
If "NO" Cost must be provided to line or replace sanitary service.***

- 10. The property has a cleanout less than 10 feet from the foundation
and no more than 80 feet apart Yes/No

If "No" one or more must be provided as part of this project

- 11. All storm connections to the sanitary service (downspouts/
area drains etc) shall be disconnected as part of this project Yes

- 12. Two (2) sets of plans for work including all Village requirements and
items as itemized above and rehabilitation of sanitary sewer by lining or replacement

- 13. Cost estimate including breakdown of all major items

- 14. Work must be completed within 90 days from receipt of Village permit

***I do certify that all the above information is a true and accurate evaluation of the
property and that the proposed work shall be undertaken in accordance with Village
requirements and Illinois Plumbing Code.***

Name: _____ IL Plumbers License No: _____

Company: _____ Signature: _____ Date: _____

Address: _____