

# Property Protection Pilot 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:			
<b>PLEASE RESPOND TO ALL QUESTIONS</b>		<b>YES</b>	<b>NO</b>
1. Does basement have floor drain(s)? <b>If Yes=&gt;</b> Number of floor drains _____ Does floor drain have visible pipes, or an indication of pipes, entering it? If yes, describe:		<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
2. Sump pit and pump present? <b>If Yes=&gt;</b> 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):		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. 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?			
4. Do structure roof drains/gutters outlet above ground? <b>If No =&gt;</b> Describe discharge		<input type="checkbox"/>	<input type="checkbox"/>
5. Does the structure have a floor and/or perimeter drain tile? <b>If Yes =&gt;</b> Where does the tile drain?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is there an indication of non-sanitary flow in sanitary service from structure? <b>If Yes =&gt;</b> Method of determining?  Source of non-sanitary flow?  Estimate of flow volume:		<input type="checkbox"/>	<input type="checkbox"/>
7. Was the sanitary sewer service line excavated or televised? <b>If Yes=&gt;</b> Size and material of service line?  Condition of service line?		<input type="checkbox"/>	<input type="checkbox"/>
8. Is a backflow preventer installed on the sanitary sewer service line?		<input type="checkbox"/>	<input type="checkbox"/>

9. 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: \_\_\_\_\_

10. 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 \$2,000. The applicant shall not be reimbursed for the first \$250 of work and all costs above \$2,250.

Contractor to provide construction drawings detailing work performed and any applicable receipts, manuals and warranties for materials installed.

**CERTIFICATION**

**APPLICANT**

I 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.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLUMBER/CONTRACTOR**

I 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 \_\_\_\_\_

**CITY OF BOONE**

I 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 Pilot Program

## City of Boone Property Data Form

FORM B – POST CONSTRUCTION EVALUATION

DATE SUBMITTED: \_\_\_\_\_

<b>APPLICANT</b>		<b>PLUMBER/CONTRACTOR</b>	
OWNER		COMPANY	
ADDRESS OF SITE		ADDRESS	
REPRESENTATIVE	TELEPHONE	REPRESENTATIVE	TELEPHONE

DATE(S) IMPROVEMENTS CONSTRUCTED: \_\_\_\_\_

<b>PLEASE RESPOND TO ALL QUESTIONS</b>	<b>YES</b>	<b>NO</b>
1. Did construction follow proposal submitted for property? <b>If No=&gt;</b> 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? <b>If Yes=&gt;</b> 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? <b>If Yes=&gt;</b> 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

\$ \_\_\_\_\_