

**APPLICATION - COST SHARING PROGRAM FOR
FOOTING DRAIN DISCONNECTION
COMMUNITY DEVELOPMENT DEPARTMENT**

101 Schaumburg Court, Schaumburg, IL 60193-1899

Phone 847.923.4420 • Fax 847.923.2591

www.villageofschaumburg.com

Property Owners(s)

Name: _____

Property Address: _____

Home Phone #: _____ **Work Phone #:** _____

Each of the undersigned, as a resident of the Village of Schaumburg, hereby requests to participate in the Footing Drain Disconnection Cost Sharing program, and I (we) have reviewed the program information and understand all of its provisions, terms, and conditions.

Signature of Owner

Date of Signature(s)

Signature of Owner

Below Information for Village Use Only:

Date Application Reviewed:	_____
Date Initial Inspection Completed:	_____
Date Approval Letter Sent to Homeowner:	_____
Building Permit No.	_____
Building Permit Date:	_____
Final Inspection Approval Date:	_____
Date Reimbursement Form Received:	_____
Date Reimbursement Approved:	_____