the city of frontenac

APPLICATION FOR RESIDENTIAL SEWER LATERAL REPAIR PROGRAM

Date application submitted:_____

Address of Property: _____

Owner: _____
          Last Name   First Name   Middle Initial

Address: _____
          Street   City, State   Zip Code

Phone No.: _(_____)_____ (_____)_____
          Day   Evening

Address of Owner (if different from property address):

_____
          Street   City, State   Zip Code

By signing this application, the applicant agrees that the City of Frontenac, Missouri is not responsible for any actions taken by the contractor or subcontractor hired by the applicant and that the City of Frontenac is not liable for any damage or liability incurred by either contractors, subcontractors and/or applicant. Applicant understands that the City of Frontenac is not guaranteeing the work of any contractor or subcontractor, nor insuring the contractors, subcontractors and/or applicant against a loss of any kind, nor indemnifying contractors, subcontractors and/or applicant. By signing this application, the applicant, also certifies that he/she is the owner of record and agrees to comply with all the rules and regulations of the City of Frontenac, Missouri.

Owner's Signature_____**Date**_____

Attached is a copy of the Policy and Procedures for the program along with a checklist to assist you in your submittal and identifies additional information required with your application. Please submit the application with attachments to the City of Frontenac, Public Works Department, 10555 Clayton Road, Frontenac, MO 63131. **Incomplete applications or applications not containing all the required information will not be accepted.**

Application Submittal Check List:

Sewer Lateral has recently been jetted or cabled (date) _____ ☐

Completed application by the owner of the property _____ ☐

Copy of paid receipts for all current year taxes, including fees and assessments ☐
(i.e., property tax, real estate tax, etc.)

One copy of camera video tape of sewer lateral (Video Dated after 1/1/02) ☐
Copies of three separate bids from St. Louis County licensed

Master Plumbing or Drainlaying Contractors _____ ☐
Signed and notarized statement from St. Louis County licensed Plumber or Drainlayer
verifying the need for sewer lateral to be repaired (below)

Copy of Master Plumber or Drainlayer's St. Louis County License _____ ☐

One copy of the signed and accepted contract w/contractor _____ ☐

Plumbers Verification of Need for Repair

(Must be completed signed and notarized by a St. Louis County licensed Master Plumber or Drainlayer)

Address of Property: _____

Where is repair? ☐ Street ☐ Sidewalk ☐ Private Property

Plumbing Contractor's Reason for Repair:_____

_____

_____

Legal Name of Contractors Company: _____

Address: _____
　　　　　　　　　Street　　　　　　　　　　City, State　　　　　　　Zip Code

Phone No.: _(____)_____ (____)_____
　　　　　　　　　　Day　　　　　　　　　　　　　Evening

I hereby certify the afore mentioned address has a broken and/or leaking sewer lateral in need of repair and the attached video was taken by our company of the referenced property's sewer lateral line.

_____   _____
Printed Name & Title   **Date**

_____
Signature (must be notarized)

REQUEST FOR REIMBURSEMENT
RESIDENTIAL SEWER LATERAL REPAIR PROGRAM

Date of Request:_____

Address of Property: _____

Owner: _____
                    Last Name   First Name   Middle Initial

Total Amount Requested for Reimbursement $_____.00

Owner's Signature_____Date_____

The City will issue a reimbursement check directly to the owner(s) of record as listed with the St. Louis County Recorder of Deeds office, not to exceed the lowest bid, up to a maximum of thirty-four hundred dollars ($3,400.00).

Owner's Reimbursement Submittal Checklist:

Verification of final approval by the St. Louis County Plumbing Inspection Department   ☐

Written verification of acceptance of the repair work by the homeowner   ☐

Notarized paid receipt and itemized bill for the repair   ☐

Incomplete request application or request not containing all of the required information will not be accepted.