



Infrastructure Services Department
 82 Erie Street, 3rd Floor
 Stratford ON N5A 2M4

(519) 271-0250 Ext. 222
 engpub@stratford.ca
 www.stratford.ca

Application for Basement Isolation and Weeping Tile Sump Pump Subsidy Program

1. Applicant Information:

Owner Name	
Owner's Mailing Address	
Owner's Phone Number(s)	
Address Where the Work is Being Completed	

2. Estimates and Plan Information:

Please identify cost estimates secured for the work. Amounts listed must include taxes.
 Note: the lowest or any price for an individual item will not necessarily be accepted.

Estimate Number	Name of Firm	Weeping Tile Sump Pump: From Storm	Weeping Tile Sump Pump: From Sanitary	Sewage Ejector	Backwater Valve: Storm	Backwater Valve: Sanitary
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$

For Staff Use:

Work Approved and Amount Approved for Each of:	\$	\$	\$	\$	\$
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Date Application Received: _____ Date Application Approved: _____

Approving Staff Signature: _____

3. Inspection Report (For Staff Use)

Inspection	<input type="checkbox"/> Backwater Valve <input type="checkbox"/> Sump Pump <input type="checkbox"/> Sewage Ejector
Type of Weeping Tile Connection	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Permit Number	
Date Approved	
Name of Inspector	

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4. Cost Verification and Release

Total Cost of Work	
Work Completed by	
Date Work Completed	

Please Attach:

- Final Invoice and Proof of Payment

I hereby release the Corporation of the City of Stratford from any and all future claims, damages, or losses to myself or to my property, including but not limited to sewer surcharging or flooding, arising from or attributable to the installation, operation or maintenance of any component of the installation including sump pumps, sewage ejectors, back water valves and related assemblies subsidized by the City of Stratford.

Signature of Owner

Date

Notice of Collection

The personal information collected on this form is collected by the Corporation of the City of Stratford under the authority of the Municipal Act, 2001, and will be used by Infrastructure and Development Services staff for the purpose of administering the Basement Isolation and Weeping Tile Sump Pump Subsidy Program, and in the delivery of public works programs and services in the City. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1, or by telephone 519-271-0250 ext. 5329 during business hours.



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5. Payment Approval (For Staff Use)

Backflow Valve (maximum of \$675) _____

Sump Pump (Inside Weeping Tile Connection, maximum of \$2,500) _____

Sump Pump (Outside Weeping Tile Connection, maximum of \$3,000) _____

Sewage Ejector Installation (maximum of \$2,000): _____

Staff Signature: _____ Date: _____

