



Public Works & Engineering Department  
 Engineering Services Division  
 808 2<sup>nd</sup> Avenue East  
 Owen Sound, ON N4K 2H4

**Application for Basement Isolation and Weeping Tile Sump Pump Subsidy Program**

**Applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Plumbing Permit No.:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**e-mail (Optional):** \_\_\_\_\_

**Application No.**  
**BIS 2020-**

**Has basement flooded in the past?**

**YES**

**NO**

**COST VERIFICATION AND RELEASE**

Plumbing Contractor: \_\_\_\_\_

**TOTAL COST OF WORK:** \$ \_\_\_\_\_

(ATTACH INVOICE AND PROOF OF PAYMENT)

I hereby release The Corporation of the City of Owen Sound 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, backflow prevention valves and related assemblies subsidized by the City.

Owner's Signature: \_\_\_\_\_

**DATE:** \_\_\_\_\_

I have read and understood the above paragraph

**FOR OFFICE USE ONLY**

**SUBSIDY APPROVAL**

Date: \_\_\_\_\_

**FINAL INSPECTION**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Engineering Services Division

Building Division

**APPROVED SUBSIDY AMOUNT**

STORM SEWER DISCONNECTION & WEEPING TILE SUMP PUMP \$ \_\_\_\_\_ MAXIMUM \$3000

SANITARY SEWER BACKFLOW PREVENTION VALVE \$ \_\_\_\_\_ MAXIMUM \$750

Account No.: 887310-0100-64160

# APPLICATION GUIDE FOR BASEMENT ISOLATION STORM SEWER DISCONNECTION AND WEEPING TILE SUMP PUMP SUBSIDY PROGRAM

## **REQUIREMENTS FOR ELIGIBILITY**

### **Basement Isolation**

Assistance is available to owners of properties that have experienced flooding due to the sanitary sewer or storm sewer surcharging.

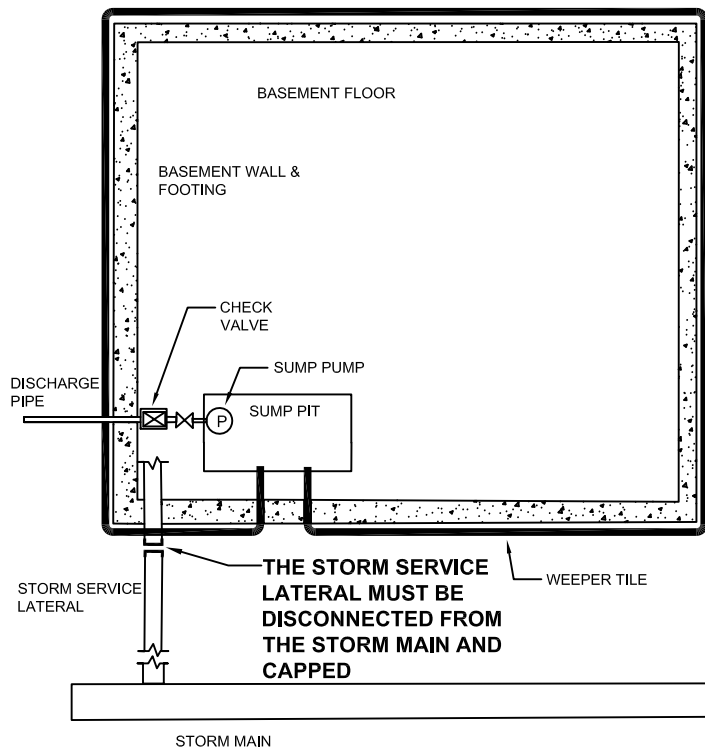
### **Weeping Tile Disconnection**

Assistance is available to owners of properties that have experienced flooding due to the sanitary sewer or storm sewer surcharging if:

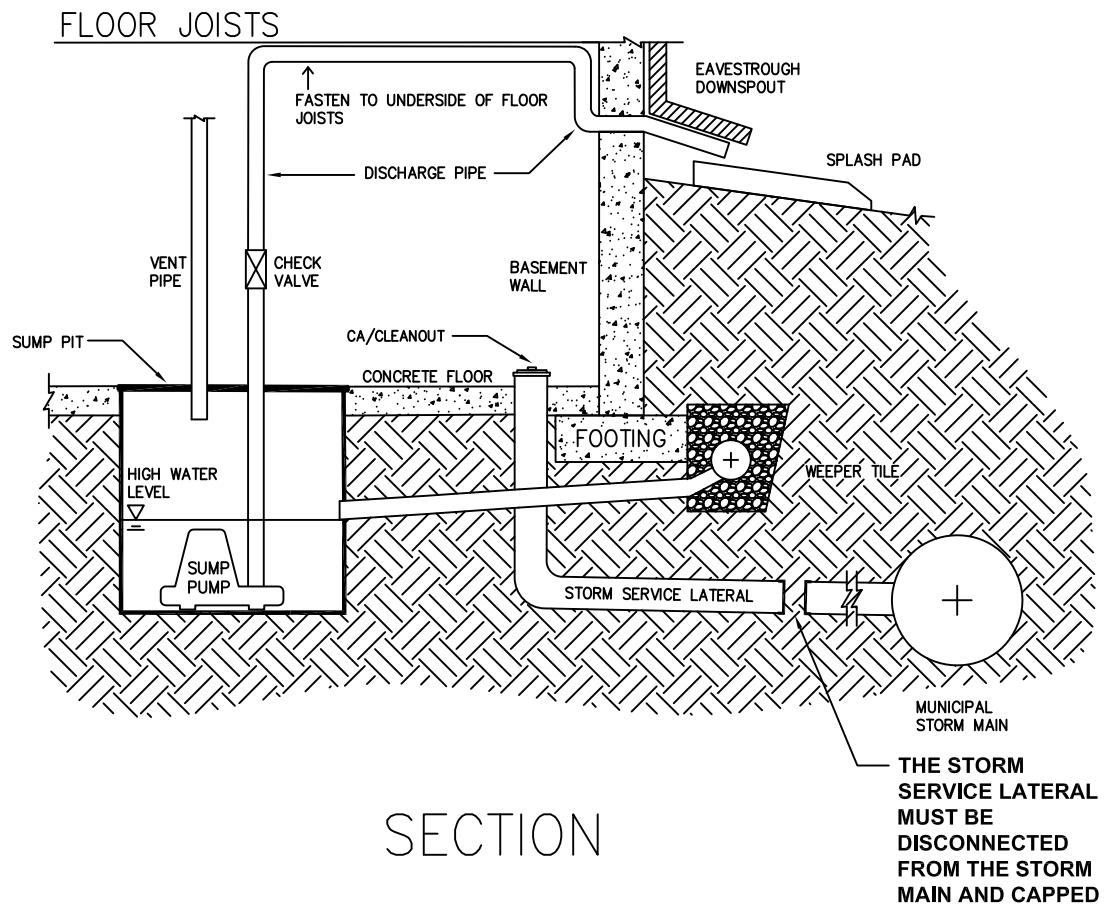
- the weeping tiles of your house are directly connected to the sanitary sewer or,
- the weeping tiles of your house are directly connected to a storm sewer or,
- the sanitary sewer has experienced a surcharge (back-up) event.

## **STEPS TO BE FOLLOWED BY HOMEOWNER**

1. **NOTE: The storm sewer connection to the City storm sewer must be disconnected in order to qualify for the weeping tile sump pump subsidy.**
2. In consultation with a licensed plumber determine appropriate course of action to be taken.
3. Obtain approval from the Engineering Services Division that you meet the eligibility requirements to enter into this subsidy program.
4. Ensure that the licensed plumber has all the necessary City permits. *(Note: Permit fees will be reimbursed for work approved to proceed under this program to the limit of the subsidy.)*
5. Have the licensed plumber do the work that was approved.
6. When the work is completed, ensure that it is inspected and approved by the City Building Division **before** backfilling **and** after completion of the work. **DO NOT** pay the contractor before the site is restored.
7. After the City Inspector has agreed that the installation is approved, the applicant must arrange to have the application form signed by the City Inspector.
8. Submit the licensed plumber's invoice marked "PAID", sign the application, and return it to the Engineering Services Division.
9. When the Plumbing Permit has been closed by the Building Division, confirming that the work was completed in accordance with the applicable codes and By-laws, the request for reimbursement will be processed (if it is not processed, you will be notified).
10. The City will issue a cheque for 100% of the cost of the work up to the maximum amount allowed under the program.



PLAN



SECTION



PUBLIC WORKS & ENGINEERING DEPARTMENT  
ENGINEERING SERVICES DIVISION  
OWEN SOUND ONTARIO

Title  
**BASEMENT ISOLATION  
SUBSIDY PROGRAM  
SUMP PUMP INSTALLATION**

REVISIONS			
No.	DESCRIPTION	DATE	BY
1	FIRST ISSUE	2018/07	COS
DSN: COS		METRIC	
CHK: COS		SCALE: N.T.S.	
DRN: COS		DATE: 2018/07	

FILE No.: **ST0031**

Drawing No.

**FIG.1**

**A**