



GRANT PROGRAM APPLICATION SUBMISSION CHECKLIST



REQUEST FOR 30 % COST REIMBURSEMENT INSTALLATION OF OIL AND GREASE INTERCEPTOR DEVICE

Office Use

Completed Application

Receipt(s) for cost of installation

Inspector Approval

-Final inspection (If required)

Documentation of Installation

- Photography of new device*
- Contractor Certification(if applicable)*
- Final inspection(if applicable)*
- Permit Application*

Completed Palm Beach County Vendor Registration

After registration, you will be given a unique vendor number. This number will be an important identifier for you and will help us to accurately identify and manage your reimbursement(s). Register with commodity code of 95020.

Vendor ID

Whether you're just starting or ready to apply, we're here to help. Our website is packed with information about the program, including eligibility criteria, application guidelines, and more. Visit us online at pbcwater.com and discover everything you need to know about this grant program.

Applicants with specific questions about the grant program are encouraged to call or email

Backflow@pbcwater.com or 561-493-6166

39688 Hooker Highway
Belle Glade, FL 33430

**GRANT PROGRAM APPLICATION
REQUEST FOR 30% COST REIMBURSEMENT
INSTALLATION OF OIL AND GREASE INTERCEPTOR DEVICE**

PROPERTY OWNER(S)/APPLICANT

NAME(S)

DATE

TELEPHONE

EMAIL _____

ADDRESS OF PROPERTY _____

Number

Street Name

City/State

Zip Code

Property has underground device? YES NO

TOTAL COST PAID FOR INSTALLATION \$ _____

(Attach copy of paid in full, itemized invoice/receipt)

(Reimbursement amount shall not to exceed 30% cost of total installation cost **OR** \$2,000, whichever is less.)

ADDRESS OF APPLICANT- IF DIFFERENT THAN ABOVE (FOR CHECK REMITTANCE)

Number

Street

City

State

Zip Code

PLUMBER

NAME

BUSINESS NAME

ADDRESS

Number

Street

City

State

Zip Code

STATE LICENSE NO.

CITY BUSINESS NO.

CITY PLUMBING PERMIT NO.

DATE OBTAINED

DATE OF APPROVED FINAL INSPECTIONS

Municipal Plumbing Inspector

PROPERTY OWNER CERTIFICATION AND RELEASE

I (we) certify under penalty of law that I (we) have paid in full for the installation of OGI equipment for the above named property. As a condition of accepting the reimbursement allowance, I (we), if requested by the County, will permit the County to verify said installation without delay, prior to receiving the reimbursement allowance. Further, as a condition of accepting the reimbursement allowance, I (we) agree to accept full responsibility for operation and maintenance of said OGI; and release, indemnify, defend, hold harmless, and agree not to sue the County from any damages due to discharge of sewage and/or rain and ground water into or on the above property prior to or after installation of said OGI. I (we) certify that all discovered sump pumps, downspouts, and foundation drains have been disconnected from the sanitary lateral and release, indemnify, defend, hold harmless, and agree not to sue the County from flooding due to any unknown or missed connections. I (we) also agree to transfer this certification and release to future owners of the above property.

SIGNED: _____ DATE _____

_____ DATE _____

CERTIFICATION OF PLUMBER

I certify under penalty of law that I have installed OGI equipment and verified all illicit connections have been removed from the sanitary sewer system at the above listed property on _____ and have been paid in full for same. Date

SIGNED: _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED

WAS INSTALLATION VERIFIED BY A WUD SITE VISIT? YES NO

REIMBURSEMENT ALLOWANCE APPROVED BY _____

REIMBURSEMENT ALLOWANCE NOT APPROVED BY _____

REASON FOR DISAPPROVAL

WAS APPLICANT SENT NOTICE AND REASONS FOR DISAPPROVAL? YES NO

DATE NOTICE SENT _____ DY

Attach copy of disapproval notice to application

ACCOUNT #:

Approval Date _____ **Check #.** _____

Amount Reimbursed _____ **Date Sent** _____