

### Basement Protection Program Application Procedures and Information Packet

#### Explanation of items in the packet

- Item #1** Program Description & Objectives
- Item #2** Guidelines of the program
- Item #3** Loan and Reimbursement information
- Item #4** General construction standards for Overhead Sewers, Replacement of Sewer Laterals, Sewer Backup Check Valve, Storm Sewer Hook-ups for Sump Pump Discharge, and Disconnection of Footing Drains into Laterals
- Item #5** Basement Protection Program Application
- Item #6** Sample Sketch Information. Your contractor will sketch something similar, depending on your particular situation...  
Submit 3 copies of the sketch with the application
- Item #7** Loan and/or Reimbursement Application
- Item #8** Authorization for Direct Debit
- Item #9** IRS W9 Form
- Item #10** Building Permit Submittal Requirements
- Item #11** Building Permit Application: May be completed by the homeowner or the contractor. The homeowner's original signature is required on the signature line. All contractors must be licensed and bonded with the Village prior to the permit being issued. All work must be completed within 60 days.
- Item #12** Sample Notification Letter. Given to the homeowner with the loan check.

## PROGRAM DESCRIPTION & OBJECTIVES

### **Plumbing Systems:**

Homes built after 1972 have separate sump pumps for the foundation drainage system as well as overhead plumbing for the sewerage system. A separate foundation drainage system keeps the groundwater collected by the footing drains from entering and overloading the sanitary sewer system during a rain. Overhead plumbing prevents sewer backups into the basement should the village sewer mains become overloaded or blocked. The attached two exhibits illustrate an older style plumbing system and the current standard with overhead plumbing. An older plumbing system can be upgraded to minimize or prevent sanitary sewer backups into the basement. These include back check valves or converting the plumbing system to the overhead type. Back check valves are generally easier and cheaper to install but they have some limitations. There are two basic types of back check valves, manual and automatic. If the valve is manually operated, then someone needs to be present to shut the valve before the backup occurs. Also with either type of check valve none of the plumbing facilities in the home can be used while it is in the closed position unless the system has the capability to pump around the closed valve. All check valves require regular maintenance to keep the device working properly. Inspection and cleaning is recommended once a year. Additionally if the home has footing drains that are tied into the sanitary sewer service, the basement may still flood once the valve closes as the footing drain water will be trapped and could back up. If there is no sump pump pit in the basement it can be assumed that the footing drains are tied directly into the sewer service. If so the footing drains will need to be separated out to a new sump pump pit.

Conversion to overhead plumbing upgrades the system to modern standards and offers the greatest measure of protection against backups. With overhead plumbing any floor drains or plumbing facilities in the basement goes to a separate ejector pit that pumps it out of the house at a much higher elevation than the basement floor level. Those plumbing facilities on the first floor and above drain out by gravity. With this all the plumbing facilities inside the home can continue to be used during a storm. The footing drains will need to be separated out to a separate sump pit unless they already are. This keeps excess water from overloading the sanitary sewer system.

### **Sewer Service Line:**

The outside sewer service line from a home to the sewer main generally does not fail at once. The condition that ultimately leads to a problem occurs over a long period of time. Deterioration of sewer pipe includes settling that create sags that can trap solid materials, cracking of the pipe itself and pipe joints that begin to leak. Tree roots can get into the pipe through the cracks and joints creating obstructions. The roots will also create stresses on the pipe further deteriorating it. Groundwater will enter through the cracks and joints and over time more and more groundwater will enter as the pipe continues to deteriorate. This groundwater which increases when it rains could overload the entire sanitary sewer system resulting in sewer backups. Clay pipe which was commonly used before the mid-1980's is more susceptible to cracking and deterioration. If most or all of the service line is in bad shape, then replacement or lining may be necessary. The homeowner owns and it to maintain the sewer service from the house up to and including the connection to the sewer main.

**Footing Drains:**

Footing drains are perforated pipes surrounded by gravel and are installed immediately adjacent to the foundation footing and in some cases under the basement floor. They are intended to prevent seepage or flooding of basements from groundwater that collects along the foundation. Drains that may be located at the bottom of a basement window well are most often connected directly to the footing drain. Some homes with crawl spaces instead of basements may also have footing drains. The footing drains carry the water to a sump pit located below the basement floor where a pump evacuates the water to the surface of the ground outside of the building. Older homes with basements may have footing drains but not a sump pump or pit. In those cases the footing drains are connected directly to the sanitary sewer service line. The volume of water that is collected by the footing drains can vary from house to house but in most cases is a significant amount. This water can overload a sanitary sewer system quickly during a rain. Therefore it is imperative to eliminate as much of the water collected by footing drains from getting into the sanitary sewer system. For homes that have a sump pump and pit, it is illegal for the water from the sump pump to be connected to the plumbing system of the house. It is to be discharge on the surface of the ground outside of the house or with permission by the Village to a storm sewer. For the older homes that were originally built with the footing drains connected to the sanitary sewer service line, it is extremely desirable and beneficial to separate this connection and bring the footing drains to new sump pump pit where it can then discharge out to the ground or a storm sewer if available. When overhead plumbing or a back check valve is being installed the footing drains must also be disconnected for these systems to work properly.

**Objectives:**

There is a public interest to encourage owner of homes with the older style plumbing to take measures to either protect their homes from sewer back-up or upgrade the system to current plumbing standards. Besides protecting the health and safety of its residents from the effects of sewerage back-ups, it also reduces the amount of extraneous groundwater and rainwater entering and thereby overloading the sanitary sewer system. Therefore the Village will cost share with the homeowner for certain types of improvements. The amount of participation by the Village has been based on how well the particular improvement achieves the goal of preventing sewer back-ups and reducing the amount of groundwater and/or rainwater getting into the sanitary sewer system.

## **Basement Protection Program Guidelines**

1. Program is for the repair or rehabilitation of residential sewers. Improvements covered under the programs are:
  - a. Sewer backup check valves (manual check valves not eligible)  
(Village to contribute 50% of the cost to a maximum of \$750.00)
  - b. Overhead sewers including mandatory footing drain disconnection  
(Village to contribute 50% of the cost to a maximum of \$6000.00)  
*Overhead sewer is defined as requiring sanitary sewer services to exit the structure above the basement floor. Vertical grade changes inside the building shall only be approved for program benefits with physical property constraints and the approval of the Village Engineer & Director of Community Services*
  - c. Replacement of sewer laterals from home to sanitary main
  - d. Disconnections of sewer footing drains  
(Village to contribute 50% of the cost to a maximum of \$2500.00)
  - e. Replacement or repairs to footing drains
  - f. Replacement or installation of basement window well drain
2. Confirmation that footing drains are disconnected from sanitary system required with items 1a, 1b, 1d and 1e above.

## **Loan and/or Reimbursement Information**

### **Loan Information**

1. Minimum Loan \$1000; Maximum Loan \$6,000
3. Loan Term = 10 years
4. Interest rate determination yearly indexed on State Treasurer Rates but not lower than 3%
5. Loan approval not based on family income
6. Loan shall be applied for through the Engineering Department
7. Loan applicants must supply credit information as requested, provide real estate collateral and provide a letter of commitment from the applicant's contractor.
8. Loan applicant must execute Sewer Loan Promissory Note and Security Agreement satisfactory to the Village prior to disbursement of any funds
9. Loan shall not be approved if Municipal Services Account is not current
10. Loan repayments shall be made via the Municipal Service (Water, Sewer, & Refuse) Bill; any unpaid balances are subject to regular non-payment procedures up to and including termination of water service.
11. Participants are required to enroll in the Village of Palatine Auto Debit Program for payment of their municipal bill and repayment of the loan
12. Village shall make payments to applicants only, not to contractors

### **Reimbursement Information**

1. To qualify for multiple reimbursements, the proposal from the contractor must separate each individual charge.
2. All applicants will be required to complete the Federal IRS W-9 form as payments over \$600.00 may be considered taxable income
3. Maximum reimbursement is \$6000.00
4. Village shall make payments within 45-days after receiving all necessary documents to the applicant only, not to the contractor.

### **Application Procedures**

1. Contact the Engineering Department to apply for loan and/or reimbursement. A copy of your proposal is required.
2. Once the loan and/or reimbursement are approved, apply for the building permit. Follow The guidelines in this packet for building permit submittal.

# **Basement Protection Program**

## **General Construction Standards**

### **1. OVERHEAD SEWERS**

- a. All plumbing work to be done by licensed plumber.
- b. All below grade drains (i.e. basement, baths, wet bars, floor drains, or laundry) must be routed to a vented ejector pit.
- c. The pipe through the foundation wall shall be a minimum 4" service weight cast iron pipe.
- d. All footing drains shall be collected in a separate sump pit and discharged outside to ground.
- e. No "Mission" or "Fernco" couplings above grade.

### **2. REPLACEMENT OR LINING OF SEWER LATERALS**

- a. Sewers shall be of 40 PVC SDR 26 or cast iron.
- b. The sewer lining shall be the Insitu-Form method or other method acceptable to the Village.

### **3. SEWER BACKUP CHECK VALVE**

- a. Valve must be installed to allow for future service.
  - i. The valve shall not be buried below ground and covered up  
(An accessible pit is required).
  - ii. Digging shall not be necessary to do future service on valve.
- b. Backflow valves shall meet the requirements of the Illinois State Plumbing Code Section 890.930.
- c. Footing drain tile, if any, shall be collected in a separate sump pit and discharged to ground.
- d. Should be installed per manufacturer's recommendation.
- e. Manually operated check valves not eligible.

### **4. DISCONNECTION OF FOOTING DRAINS INTO LATERALS**

- a. Footing drain tile shall be routed to a separate sump pit and discharges outside to Ground.

### **5. REPLACEMENT OR REPAIRS TO FOOTING DRAINS**

- a. New footing drains or replacement sections shall be fabric wrapped perforated Pipe encased in washed stone.
- b. Footing drain tile shall be routed to a separate sump pit and discharges outside to Ground.

### **6. REPLACEMENT OR INSTALLATION OF BASEMENT WINDOW WELL DRAIN**

- a. Window well drain shall discharge into the footing drain or other acceptable Discharge point.
- b. If connected to footing drain, the footing drain shall connect to a separate sump Pit and discharge outside to ground.



**ENGINEERING DEPARTMENT**  
200 EAST WOOD STREET • PALATINE, IL 60067-5339  
Telephone (847) 359-9044 • Fax (847) 776-4733  
[www.palatine.il.us](http://www.palatine.il.us)

**BASEMENT PROTECTION PROGRAM**  
**APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**I/We have experienced basement flooding on the following dates:**

<b>DATES</b>	<b>TYPE/EXTENT OF DAMAGE DEPTH OF WATER*</b>

\*Please Attach copies of evidence if available. Attach additional sheets if necessary.

**TYPE OF IMPROVEMENT FOR WHICH YOU SEEK REIMBURSEMENT**

- SEWER BACKUP CHECK VALVE (MANUAL VALVE NOT ELIGIBLE)**
- OVERHEAD PLUMBING**
- DISCONNECTION OF FOOTING DRAINS FROM THE SEWER SERVICE LINE**

**TYPE OF IMPROVEMENT FOR WHICH YOU SEEK A LOAN**

- SEWER BACKUP CHECK VALVE**
- OVERHEAD PLUMBING**
- DISCONNECTION OF FOOTING DRAINS FROM THE SEWER SERVICE LINE**
- SEWER SERVICE REPLACEMENT FROM THE HOUSE TO THE MAIN**
- RELINING OF THE SEWER SERVICE FROM THE HOUSE TO THE MAIN**
- REPLACEMENT OR REPAIRS TO THE FOOTING DRAINS**
- REPLACEMENT/ INSTALLATION OF BASEMENT WINDOW WELL DRAINS**

**REQUIRED ATTACHMENTS:**

- DIAGRAM OF THE PROPOSED PLUMBING LAYOUT**
- COMPLETED BUILDING PERMIT APPLICATION.** Link to on-line fill-in form:  
[http://www.palatine.il.us/assets/1/building\\_permits/New\\_Building\\_permit\\_application\\_2010.pdf](http://www.palatine.il.us/assets/1/building_permits/New_Building_permit_application_2010.pdf)
- CONTRACTOR'S PROPOSAL**
  - Any manufacturer's information or data sheets for the proposed the mechanical or electrical systems.
  - Itemize all items for which reimbursement is sought.
  - Itemize all non-qualified reimbursement items such as additional repairs and/or installations, battery back-up systems new finish carpentry to conceal the newly installed plumbing.
- COMPLETED IRS FORM W-9.** Link to IRS on-line fill-in form:  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**COMPLETED DIRECT DEBIT AUTHORIZATION IF APPLYING FOR LOAN.**

Link to on-line fill-in form:

[http://www.palatine.il.us/assets/1/documents/DD\\_Authorization.pdf](http://www.palatine.il.us/assets/1/documents/DD_Authorization.pdf)

**NOTICE:**

- Installation cannot proceed until approval of this building permit application.
- All inspections shall be complied with as indicated on approved building permit.
- Upon approval of all inspections, a paid receipt shall be submitted for village review. Reimbursement will be for 50% of the total eligible project costs up to the maximum amount allowed for the specific improvement type.
- Homeowner assumes future maintenance responsibility for the improvements installed under this program.

**REIMBURSEMENT SUBMITTAL ITEMS (AFTER PROJECT COMPLETION):**

**PAID RECEIPT FROM CONTRACTOR**

**COPY OF APPROVED FINAL INSPECTION REPORT**

**SIGNED (APPLICANT)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE SUBMIT APPLICATION FORM AND REIMBURSEMENT REQUEST TO THE VILLAGE OF  
PALATINE ENGINEERING DEPARTMENT 200 E. WOOD STREET, PALATINE, IL. 60067**

**(FOR VILLAGE USE ONLY)**

**PLAN APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSPECTION APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAID RECEIPT RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AMOUNT APPROVED FOR REIMBURSEMENT: \$** \_\_\_\_\_

## **SAMPLE SKETCH INFORMATION**

A sketch illustrating the proposed improvement(s) and including the following minimum information shall be submitted with each application:

### **BACK CHECK VALVE:**

- Location of the proposed back check valve and the new foundation sump pump pit if one is required.
- Location, size and material of the access pit or manhole for an exterior back check valve.
- Location and information on any electrical wiring system if the type of back check valve requires electricity to operate.
- Location of the discharge from the new foundation sump pump if one is required

### **OVERHEAD PLUMBING:**

- Location of the proposed overhead ejector pump and the new foundation sump pump pit if one is required.
- Routing of proposed drain piping, with approximate elevation of pipes in relation to the basement floor. Existing items are to be shown with dashed lines, proposed items with continuous lines.
- Proposed relocation of any sewer drain piping required to separate the upper level (gravity) and the lower level (pumped) systems.
- Proposed method of venting the overhead ejector pump & whether this is an existing vent or proposed vent.
- Size and material of proposed piping and drains.
- Location of the discharge from the new foundation sump pump if one is required.

### **REPLACEMENT OR RELINING OF SEWER SERVICES**

- Approximate location and length of the sewer service.
- Size and material of the new sewer service or the proposed lining method.
- Location of the new foundation sump pump pit if one is required.
- Location of the discharge from the new foundation sump pump if one is required.

### **REPAIR/RELACEMENT OF FOOTING DRAINS OR WINDOW WELL DRAINS**

- Location of the repair/replacement or location of the window well.
- Size and material of the footing drain or window well drain.
- Location of the new foundation sump pump pit if required.
- Location of the discharge from the new foundation sump pump if one is required.

# **Basement Protection Program**

## **Loan and/or Reimbursement Application**

**Application for: Loan \_\_\_\_\_ Reimbursement \_\_\_\_\_ Both \_\_\_\_\_**  
**(Please Check One)**

**Loan Amount \$\_\_\_\_\_ Reimbursement Amount \$\_\_\_\_\_ Total \$\_\_\_\_\_**

Loan Applicant: \_\_\_\_\_ Drivers License #\_\_\_\_\_ Social Security #\_\_\_\_\_

Loan Co-Applicant: \_\_\_\_\_ Drivers License #\_\_\_\_\_ Social Security #\_\_\_\_\_

Property Address: \_\_\_\_\_ Years at this address\_\_\_\_\_

Have you ever gone through bankruptcy or Chapter 13?  Yes  No  
If yes, When? \_\_\_\_\_

Do you have any unsatisfied judgments against you?  Yes  No  
If yes, explain on other side

I/we hereby certify that the foregoing statements are true and complete and are made for the purpose of determining my/our eligibility for credit. By signing below, I/we authorize the Village of Palatine to make all inquiries necessary to verify the accuracy of the statements made herein and to determine my/our credit worthiness, including, but not limited to, procuring consumer credit reports from consumer reporting agencies and credit information from other financial institutions and extenders of credit.

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Signature of Applicant

---

Date

---

Signature of Co-Applicant

---

Date

---

For Finance office use only:

---

Municipal Services Account Number

Is account current?  Yes  No if not, please inform Finance Secretary

# Palatine

## VILLAGE OF PALATINE

### Authorization for Direct Debit

**Customer Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Village of Palatine Account No. \_\_\_\_\_

**Financial Institution Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Transit Routing Code (ABA#): \_\_\_\_\_

Account Type (Check one):

CHECKING (attach blank voided check)  SAVINGS (attach blank voided deposit slip)

I authorize the Village of Palatine to initiate debit entries to my account indicated above. I understand automatic payment of my billing amount will be made on the bill's due date. This authority is to remain in full force and effect until I revoke the agreement by written notification to the Village in such time and manner to afford a reasonable opportunity to act upon the notice. I have the right to stop payment of a charge by notifying the Village three business days prior to the due date on my bill. I understand that both the Village and the financial institution named above reserve the right to terminate this agreement or my participation therein. A copy of this authorization will be provided at your request. I have read and agree to the terms of this direct debit payment plan.

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

For Office Use Only: DR \_\_\_\_\_  
ED \_\_\_\_\_  
BP \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

**Print or type  
See Specific Instructions on page 2.**

Name (as shown on your income tax return)		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ► ..... <input type="checkbox"/> Other (see instructions) ►		<input type="checkbox"/> Exempt payee
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
| |

or

Employer identification number  
|

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here** Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

#### **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### **Specific Instructions**

#### **Name**

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

#### **Exempt Payee**

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> The minor <sup>2</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee <sup>1</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

**Basement Flood Control Program  
Building Permit Submittal Requirements**

1. Completed Permit Application-Homeowners original signature required.
2. 3 copies of a plat of survey-indicate location of outside work (if any)
3. Signed contract. If applying for multiple reimbursements; contractors must list each item separately on the contract and show each individual charge.
4. 3 sets of drawings outlining the work to be completed including new or existing electrical work.
5. All work will be on one permit (i.e. plumbing, sewer and electric)-separate permits will not be issued.
6. All normal plan review, permit and inspection fees will apply.



# Permit Application

## Page 1 of 4

Building & Inspections Division  
200 E. Wood St.  
Palatine, IL 60067  
Phone: (847) 359-9042  
Fax: (847) 359-9099  
www.palatine.il.us

PRINT CLEARLY, ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED (This is a two sided application)

### Property Information

Address: \_\_\_\_\_ Real Estate Tax Index Number: \_\_\_\_\_

Lot/Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ **Attach Legal Description**

### Project Information

Valuation Work: \$ \_\_\_\_\_ Description of work: \_\_\_\_\_

#### Type of Structure (check one)

<input type="checkbox"/> 101	Single Family - Detached	<input type="checkbox"/> 320	Industrial	<input type="checkbox"/> 329	Structures Non-Buildings
<input type="checkbox"/> 102	Single Family - Attached	<input type="checkbox"/> 321	Parking Garages	<input type="checkbox"/> 434	Add/Alt Residential
<input type="checkbox"/> 103	Two Family Building	<input type="checkbox"/> 322	Serv. Station/Repair Garage	<input type="checkbox"/> 437	Add/Alt Non-Residential
<input type="checkbox"/> 104	3 & 4 Family Building	<input type="checkbox"/> 323	Hospitals and other Instit.	<input type="checkbox"/> 438	Add/Alt Residential Garage
<input type="checkbox"/> 105	5 or more Family Building	<input type="checkbox"/> 324	Office, Bank or Professional	<input type="checkbox"/> 645	Demolitions – One Family
<input type="checkbox"/> 213	Hotels/Motels/Cabins	<input type="checkbox"/> 325	Public Works & Utilities	<input type="checkbox"/> 646	Demolitions – Two Family
<input type="checkbox"/> 214	Other non hsekgp shelter	<input type="checkbox"/> 326	Schools & other Institutional	<input type="checkbox"/> 647	Demolitions – 3 & 4 Family
<input type="checkbox"/> 318	Amusement & Recreational	<input type="checkbox"/> 327	Stores and other Mercantile	<input type="checkbox"/> 648	Demolitions – 5+ Family
<input type="checkbox"/> 319	Churches & other Religious	<input type="checkbox"/> 328	Other Non-Residential	<input type="checkbox"/> 649	Demolitions – All Other Bldgs

Check all the following that applies to your project. By providing this information, you assist us in expediting the plan review process. This means a quicker response time for your plan review. Failure to properly fill in this information will delay the processing of your project. NOTE: This does not apply to detached single family homes or additions.

Plumbing  Electrical  Fire Sprinkler or Alarm  Grading  Structural Design  Sale or Prep of Food Products

### Contact Information

### Contractor Information

If corrections required: Fax  Mail  Email

#### Applicant

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

#### Owner

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

#### Lessee

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_

#### Architect

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_

#### OFFICIAL USE ONLY

Approved by: \_\_\_\_\_ Permit number: \_\_\_\_\_  
Date of approval: \_\_\_\_\_ Date issued: \_\_\_\_\_  
Date of notification: \_\_\_\_\_ Notified by: \_\_\_\_\_





## Permit Application

### Page 2 of 4

Building & Inspections Division  
200 E. Wood St.  
Palatine, IL 60067  
Phone: (847) 359-9042  
Fax: (847) 359-9099  
www.palatine.il.us

PROPERTY ADDRESS \_\_\_\_\_

#### **Signatures**

I hereby certify to the correctness and accuracy of this application and all submitted information and agree to perform the above construction in strict compliance with all provisions of the Village of Palatine code of ordinances. It is my understanding that no error or omission in either the plans or application, whether said plans or application has been approved by the Community Services Department or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the ordinances of the Village relating therein. In addition, I hereby authorize the above listed contractors to perform all work necessary to complete the requirements of this permit. I also understand that the Code Official upon presentation of proper credentials may enter at reasonable times any building, structure or premises in the jurisdiction to perform any duty imposed upon him by such ordinances. Having read this application, the information handout, and fully understanding the intent thereof, I declare that the statements made are true to the best of my knowledge and belief. **If the property listed above is in a trust, Pursuant to Chapter 765, Section 405/2, of the Illinois Compiled Statutes, the identity of each beneficiary of a land trust must be disclosed upon application to the Village of Palatine for any benefit, authorization, license or permit relating to the land which is the subject of such trust. Such application shall identify each beneficiary by name and address and define his interest therein. Such application shall then be verified by the land trustee, as applicant, or by the beneficiary as a beneficial owner of an interest in such land trust.**

#### **ORIGINAL OWNERS SIGNATURE REQUIRED – FAXSIMILES OR COPIES WILL NOT BE ACCEPTED**

**Owner** Check if property is in a trust

Print Name: \_\_\_\_\_ Check if applicant

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

**AS THE OWNER OF THE ABOVE PROPERTY, AND BY SIGNING ABOVE, I UNDERSTAND AND AGREE THAT PER THE PALATINE CODE OF ORDINANCES PLAN REVIEW FEES ARE DUE FOR EACH PERMIT APPLICATION SUBMITTED REGARDLESS OF WHETHER THE PERMIT IS PURSUED, EXPIRED OR ISSUED.**

#### **General Contractor**

Print Name: \_\_\_\_\_ Check if applicant

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

#### **Applicant (if different than above)**

Print Name: \_\_\_\_\_

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

#### **24 HOUR EMERGENCY CONTACT-DURING CONSTRUCTION:**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

#### **PLEASE READ!**

**YOU WILL HAVE 30 DAYS FROM THE DATE YOUR PERMIT IS APPROVED TO PAY FOR AND PICK UP YOUR BUILDING PERMIT. FAILURE TO DO SO WILL RESULT IN THE FORFIETURE OF SAID PERMIT WITH PLAN REVIEW FEES COLLECTED.**



# Permit Application

## Page 3 of 4

Building & Inspections Division  
200 E. Wood St.  
Palatine, IL 60067  
Phone: (847) 359-9042  
Fax: (847) 359-9099  
[www.palatine.il.us](http://www.palatine.il.us)

### PROPERTY ADDRESS \_\_\_\_\_

#### Contractors

##### General

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

##### Asphalt

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

##### Carpenter

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

##### Concrete

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

##### Demolition

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

##### Electrical

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

##### Excavating

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

##### Fire Alarm

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Lic \_\_\_\_\_

##### Fire Sprinkler

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

##### Hood & Duct

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_



# Permit Application

## Page 4 of 4

Building & Inspections Division  
200 E. Wood St.  
Palatine, IL 60067  
Phone: (847) 359-9042  
Fax: (847) 359-9099  
[www.palatine.il.us](http://www.palatine.il.us)

PROPERTY ADDRESS \_\_\_\_\_

**Contractors**

### HVAC

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Landscape/Brick paver

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Lawn Sprinkler

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

### Masonry

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Plumbing

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

**LETTER OF INTENT**

### Roofer

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

### Sewer/Water

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Sign

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_

### Steel

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Lic \_\_\_\_\_

### Swimming Pool

Contact \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_  
Pal Reg \_\_\_\_\_ Bond \_\_\_\_\_ Fee \_\_\_\_\_



**ENGINEERING DEPARTMENT**  
200 EAST WOOD STREET • PALATINE, IL 60067-5339  
Telephone (847) 359-9044 • Fax (847) 776-4733  
[www.palatine.il.us](http://www.palatine.il.us)

**RESIDENT  
ADDRESS**

Palatine, IL 600XX

**DATE**

Re: Basement Protection Loan Program

Dear **RESIDENT**,

Thank you for participating in the Village of Palatine's Basement Protection Loan Program. Enclosed please find Village of Palatine check number \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

As you know, this loan is to be repaid via your Municipal Service Bill. These payments will be \$\_\_\_\_\_ for the first three (3) years and \$\_\_\_\_\_ for the remaining seven (7) years and will continue until your loan is paid in full. If you choose to prepay your loan, please contact our office for the pay-off amount. The amount of your Municipal Service Bill will be automatically deducted from the financial institution account that you provided as part of the loan application. This account must be kept active for the duration of the loan or immediately advise us of a change in the account or financial institution. Any unpaid balances are subject to the Village's regular non-payment procedures up to and including termination of water services. By accepting the loan you are agreeing to these conditions.

If you have any questions, please contact Jennifer Erickson in the Finance Department at 847-359-9088.

Sincerely,

Paul D. Mehring, CPA  
Director of Finances & Operations

cc: Loan File