

APPLICATION NO.	
APPLICATION RECEIVED	
PRE-INSPECTION DATE	
QUOTES RECEIVED	
WORK APPROVAL DATE	
COMPLETION DATE	

City of Welland
Integrated Services
Building Division
60 East Main Street, Welland, Ontario. L3B 3X4
Telephone: 905-735-1700 Fax: 905-735-8772
www.welland.ca

SEWAGE WATER ALLEVIATION PROGRAM (SWAP)
APPLICATION FORM

Owner		
Address	City	PC
Telephone – Home	Telephone – Work	

CHECKLIST	COMMENTS
<input type="checkbox"/> Sewer/TV	
<input type="checkbox"/> Weeping Tile Disconnection	
<input type="checkbox"/> Install Backwater Valve	
<input type="checkbox"/> Install Sump Pump C/W Pump And Discharge Piping	
<input type="checkbox"/> Electrical Connections Including Back Up Power With Battery	
<input type="checkbox"/> Downspout Disconnection	
<input type="checkbox"/> Install Clean-Out If Necessary	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

RELEASE

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY HEREIN AND I HAVE READ AND UNDERSTAND THE SWAP PROGRAM POLICIES AND PROCEDURES DATED NOVEMBER 2011. I HEREBY RELEASE THE CORPORATION OF THE CITY OF WELLAND FROM ALL CLAIMS, DAMAGES, ACTIONS AND LOSSES FROM ANY FUTURE SEWER BACKUPS RESULTING FROM THE FAILURE OF ANY OF THE WORKS CARRIED OUT UNDER THIS GRANT PROGRAM. I HEREBY DIRECT PAYMENT OF THE GRANT TO BE MADE TO THE OWNER.

I HEREBY FURTHER UNDERTAKE THAT SHOULD ANY OF THE WORKS DONE, FOR WHICH GRANT MONEY HAS BEEN RECEIVED, BE REMOVED WHILE I AM OWNER OF THE PROPERTY WITHIN FIVE (5) YEARS OF THE COMPLETION DATE, THE TOTAL AMOUNT OF THE GRANT SHALL BE REPAID BY MYSELF TO THE CORPORATION OF THE CITY OF WELLAND.

Date: _____ Owner: _____

GRANT APPROVAL

Date: _____ Signed: _____

FOR OFFICE USE ONLY				
FEEES AND CHARGES				
ITEM/DESCRIPTION	ACCT. NO.	SUB-ACCOUNT	QUICK CODE	AMOUNT
PERMIT APPLICATION FEE (FUNDED BY SWAP)				
ADMINISTRATION FEE (FUNDED BY SWAP)				
SEWER/TV FEE (FUNDED BY SWAP)				
GRANT AMOUNT (MAXIMUM OF \$3,000.00)				
Work Completed By (List Contractor(s): _____)				