

INSPECTION DATE: _____ BY: _____

**Special Assessment District – Single Lot
Application for Grant Program/Special Assessment Program
Sewer Separation Project**

This application is for a Special Assessment, pursuant to Section 1.212 of the Durand City Code.

PARCEL NO. 20-_____

OWNER(S) NAME: _____

ADDRESS: _____

DEEDHOLDER'S ADDRESS, IF DIFFERENT FROM ABOVE:
(Land Contract or similar contractual arrangement)

TELEPHONE: _____

ALTERNATE TELEPHONE: _____

LEGAL DESCRIPTION OF PROPERTY:

I request that the City of Durand approve a Special Assessment, pursuant to Section 1.212. I agree to pay the assessment in three equal installments, as assessed and billed by the City of Durand.

Owner

Co-Owner (if applicable)

*All owners of property must sign this agreement for validation.

INSPECTION

DATE: _____

BY: _____

City of Durand
Storm Sewer Separation Project Application

Check box(es) that apply:

Grant Program

Special Assessment Program

OWNER(S) NAME: _____

ADDRESS: _____

DEEDHOLDER'S ADDRESS, IF DIFFERENT FROM ABOVE:

(Land Contract or similar contractual arrangement)

TELEPHONE: _____

ALTERNATE TELEPHONE: _____

WORK PERFORMED BY: SELF CONTRACTOR
(IF WORK WAS PERFORMED BY OWNER, YOU ARE ENTITLED TO REIMBURSEMENT OF MATERIAL COSTS ONLY.)

NAME OF CONTRACTOR: _____ LICENSE # _____

DATE PERMIT WAS ISSUED: _____

BRIEF DESCRIPTION OF WORK PERFORMED:

DATE WORK COMMENCED: _____

DATE WORK COMPLETED: _____

TOTAL LABOR COSTS: \$ _____
(if contractor performed work)

TOTAL MATERIAL COSTS: \$ _____
(ATTACH ALL BILLS, RECEIPTS AND PROOF OF PAYMENT)

TOTAL AMOUNT OF PROJECT: \$ _____

GRANT AMOUNT REQUESTED \$ _____

(MAX. \$500.00 non-repayable)

SPECIAL ASSESSMENT AMOUNT REQUESTED \$ _____

(MAX. \$1500.00 LOAN PAYABLE IN 3 ANNUAL INSTALLMENTS)

I hereby certify that I have read the above application, that I understand the terms and conditions of the grant/special assessment programs and that the information contained herein is true and accurate.

OWNER

CO-OWNER (if applicable)

*All owners of property must sign this agreement for validation.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE APPROVED: _____

AMOUNT PAID TO OWNER: \$ _____

DATE PAID: _____

CHECK NUMBER: _____

SPECIAL ASSESSMENT FIRST INSTALLMENT DUE: _____

SPECIAL ASSESSMENT ANNUAL INSTALLMENT AMOUNT: _____