

**NOTE:
THE APPLICATION DEADLINE
IS DECEMBER 31, 2018.
APPLICATIONS RECEIVED
AFTER THAT DATE WILL NOT
BE CONSIDERED**



**APPLICATIONS WILL BE
CONSIDERED IN THE ORDER
RECEIVED**

**CITY OF ALBANY
DEPARTMENT OF WATER & WATER SUPPLY
10 NORTH ENTERPRISE DRIVE
ALBANY, NEW YORK 12204
PHONE: (518) 434-5300 FAX: (518) 434-5332**

**KATHY M. SHEEHAN
MAYOR**

**JOSEPH E. COFFEY, JR., P.E.
COMMISSIONER**

**CITY OF ALBANY, NY
BACKWATER VALVE INSTALLATION
GRANT APPLICATION
Directions**

All applications for up to \$2,000 grant must complete the grant application and mail it together with required documentation to:

Backwater Valve Grant Application Program
City of Albany Department of Water & Water Supply
10 North Enterprise Drive
Albany, NY 12204

Make copies of any papers, photos, estimates, scope of work, etc. submitted and retain a copy for your records.

This program is available to the owner of any single family or two family dwellings, owner occupied, in the City of Albany where a backup of combined sewage due to sewer incapacity on the municipal system occurred since 2002.

After receipt of a properly completed application the dwelling must be inspected by a city official or a city appointed inspector who must certify that the dwelling is eligible based upon the history of incidents. The city official or a city appointed inspector will also verify whether roof drainage or sump pumps are connected to the lateral and will recommend additional steps which may be necessary for an effective installation of a backwater valve. Applicant should complete the form providing information about the history of incidences. Applicant may include any documentation of such incidences (i.e., insurance claims, photos, previous inspections) together with personal information.

Applicant will obtain a work order and estimate from a contractor (either a licensed plumber or a site work contractor) which will define the scope of the work, provide specifications for backwater valve together with other materials. The estimate must include all costs associated with the work. This must be submitted to the Department of Water & Water Supply (DW&WS) as an attachment to the grant application. If the work order and estimate is unacceptable to the DW&WS, the reason for denial will be indicated and the Applicant will have the opportunity to resubmit this portion of the application within 30 days of the receipt of the denial.

A written approval including a notice of the grant amount will be issued by the DW&WS. When the written notification of the grant is received, the Applicant may enter into a contract with the approved contractor. The Applicant will have a maximum of 6 months after receipt of the written approval of the grant to complete the installation as defined in the work order and estimate. Requests for additional time to complete the installation must be made in writing and must be received at least 30 days prior to the expiration of the 6 month period. In the event that a grant award expires, an applicant will be required to resubmit the grant application.

Once work is completed, Applicant must contact the DW&WS to request an inspection. An inspection will be conducted by the DW&WS and a written notice of acceptance issued. In the event that there are deficiencies, the DW&WS will indicate what deficiencies have been noted and the Applicant will be allowed to correct these deficiencies within 30 days of the inspection. When inspection has been satisfactorily completed, the DW&WS will authorize payment be issued to the Applicant. A check will be mailed to the Applicant.

Grants will be received and processed based upon the date and time of receipt.

Backwater Valve Grant Application Program
City of Albany Department of Water & Water Supply

- 1) Property Address _____
(No) _____ (Street)
- 2) Owner _____ Second Owner _____
(Last Name, First Name, M.I.) (must be listed if dwelling is jointly owned)
- 3) Mailing Address _____ City _____ State _____ Zip Code _____
- 4) Phone No. (Home) _____ (Work) _____ (Cell) _____ Best Time to Call _____
- 5) Year Property Purchased _____
- 6) Number of Years of Residence at this Dwelling _____
- 7) Number of Combined Sewage Backups since 2002 _____
- 7a) Proof Provided (Check Information and **ENCLOSE COPIES**) _____ Insurance Claim _____ Photos
_____ Statement Provided at Purchase _____ Inspection Report _____ Home Inspection Report
_____ None (complete Part 7b)
- 7b) No Proof Provided (Only complete this information if you provided no proof under Item 7a)
- Did you call in a complaint to City of Albany? (Check one) _____ Yes _____ No _____ Don't recall
- Approximate date(s) when call(s) was (were) made _____
- Was your house inspected by City employee or an agent for any of these storms?
_____ Yes (Complete Below) _____ (No, continue with Question No. 8)
- Date of Storm after which inspection occurred _____
- Name of Inspector (if known) _____
-

8) Information on Estimate and Scope of Services **(COPY MUST BE ATTACHED TO THIS FORM)**

8a) Contractor's or Plumber Name _____

8b) Contractor's or Plumber Address _____

(No.) (Street) (City) (State) (Zip Code)

c) Contractor's or Plumber Phone _____ Fax _____

d) Contractor's Total Cost Estimate _____

e) Does Scope of Work include (Check all that apply)

___ Installation inside dwelling

___ Installation outside dwelling

___ Repair or replacement of water service

___ Repair or replacement of sewer lateral beyond valve

___ Repair or replacement of sidewalk or driveway

___ Lawn restoration

**Do Not Complete Information Below This Line
for Department of Water & Water Supply Use**

Tax Map Parcel No. _____ Owner's names verified _____ Proof of Backup Approved _____

Application Complete _____ Application Incomplete _____ Application Rejected _____

Reason for Rejection of Application _____

Inspection Scheduled _____ Date _____ Time _____ Phone Contact _____ Mailed Notice _____

Inspector _____ (Printed name) Initial when completed _____

Inspection Notes _____

Reinspection Scheduled _____ Date _____ Time _____ Phone Contact _____ Mailed Notice _____

Inspector _____ (Printed name) Initial when completed _____

Reinspection Notes _____

Grant Action: Approved _____ Rejected: _____ (Date) _____ (Date Notice Mailed)

VERIFICATION

(If joint ownership, verification is required for **both** owners)

OWNER

STATE OF _____)
) SS.:
COUNTY OF _____)

_____, deposes and says

(Name of Individual)

that (s)he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his(her)knowledge.

Sworn to before me this day of _____ ,
_____ 20__.

(Notary Public)

Qualified in _____ County

My Commission Expires _____

SECOND OWNER

STATE OF _____)
) SS.:
COUNTY OF _____)

_____, deposes and says

(Name of Individual)

that (s)he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his(her)knowledge.

Sworn to before me this day of _____ ,
_____ 20__.

(Notary Public)

Qualified in _____ County

My Commission Expires _____