



**CITY OF STATESBORO
SEWER LATERAL REPLACEMENT ASSISTANCE APPLICATION**

Please complete this application and submit to:

Public Utilities

Attn: Sewer Lateral Replacement Assistance

58B East Main Street

Statesboro, Ga 30458

public.utilities@statesboroga.gov

Include the following:

- This application form, completed and signed
- Proof of property ownership (*may be obtained through Bulloch County Tax Assessors Office*)
- Video inspections to include date/time stamp
- Minimum of three (3) verifiable quotes obtained from licensed plumbing contractors

Section I: General Information

Property Owner: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Description of sewer lateral repair problem: _____

I certify by signing this application that I am the legal owner of the property and I agree that the City of Statesboro, Georgia is not responsible for any actions taken by the contractor or subcontractor awarded to perform the work and that the City of Statesboro is not liable for any damages or liability incurred by either contractors, subcontractors and/or applicant. The applicant understands that the City of Statesboro is not guaranteeing the work of any contractor or subcontractor, nor insuring the contractors, subcontractors and/or applicant against a loss of any kind, nor indemnifying contractors, subcontractors, and/or applicants. The applicant is aware that until he/she receives a written letter of approval from the City funding is not guaranteed. The applicant has read the Sewer Lateral Replacement Assistance Policy discussing the eligibility requirements for the sewer lateral replacement assistance commitment. Any repair work performed prior to receiving a written letter of approval from the City of Statesboro is performed at the applicant's own risk and cost, and is not to be funded.

Property Owner Signature _____ Date _____

Note: Your City of Statesboro bills (sanitation, utility, etc.) and your property taxes must be paid to participate in the replacement assistance program. The City will verify that all bills have been paid.



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(continued)

Section II: Site Information/Test/Inspection

1. State the nature of the problem(s)

- Tree Roots
- Collapsed Pipe
- Cracked or misaligned pipe
- Other- If other, please specify: _____

2. Is there an insurance claim for this work?

- Yes
- No

3. Date of *video* inspection confirming damaged condition: Date _____

The City will review the price quotations for the reasonableness of the scope and cost. The City will use historical cost data to determine the reasonableness of price quotations.

Section III: Reserved for City of Statesboro

Checklist:

- Verify Property Owner and Address
 - Proof of Property Ownership
 - Verify City Bills are current
 - Three Minimum Estimates/Quotations
 - Copy of Paid Receipt to Contractor
 - Acceptance of Street Repair by Public Works
- Fiscal Year: _____
Date Reviewed: _____
Approval Amount: _____

Lowest Bid Contractor: _____ Total Paid Contract: _____

Assistance Calculation:

Square Footage of Improved Surface: _____ x \$ 50.00 = _____

Linear Footage in Excess of 6 Feet: _____ x \$ _____ = _____

Total Payment to Customer: \$ _____

** Assistance payments will be made directly to the Homeowner when repairs are complete and have successfully passed City inspection.*