



**FLOOD REDUCTION SUBSIDY PROGRAM
CITY OF PETERBOROUGH**

Application Form

FRSP File No.

1. Please fill in all appropriate answers on this form. Print clearly. Refer to Program Guidelines for further information (www.Peterborough.ca/FloodReduction)
2. If you require help or have any questions about this form please contact the City of Peterborough at (705) 742-7777 Ext. 1884 or LDeflorio@peterborough.ca
3. You may submit completed application form to LDeflorio@peterborough.ca.
4. Attach all necessary receipts and original documents to completed forms and forward to the following address:

City of Peterborough Flood Reduction Subsidy c/o Lisa Deflorio
City of Peterborough
500 George St., N.
Peterborough ON, K9H 3R9

The applicant agrees to the collection of personal information under the authority of the City of Peterborough, or its agents, to be used to verify and administer the application or to perform any audits required under City guidelines. Inquiries about the collection of this personal information should be directed to the City of Peterborough.

Section 1 – General Information

Applicant's Last Name:	Telephone (home):
First Name:	Telephone (business):
Mailing Address:	Postal Code:
Street Address or lot and concession:	Tax Roll No:
ADDRESS WHERE WORK IS PERFORMED (if different than mailing address):	
Email address:	
If the applicant is not the owner, give the name and address of the owner and state relationship (i.e. agent):	
Last Name:	First Name:
Mailing Address:	
Postal Code:	Telephone (home):
Relationship to the Owner:	
If the subject property is a residence, is it the owner's principal residence? (Check) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the subject property a Business <input type="checkbox"/> or Non-Profit Organization <input type="checkbox"/>	
Type of Business Activity:	

For Backflow Prevention & Foundation Drain Disconnection go to Section 3 on reverse side of application

Section 2 – Inflow & Infiltration Reduction

Have you received an invitation from the City?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which type of sources were identified on your property? How Many? (Check all that apply):		
Downspout <input type="checkbox"/>	Roof Leader <input type="checkbox"/>	Catch Basin <input type="checkbox"/> Clean Out Cover <input type="checkbox"/>
Who is performing the work on your property? Provide information below.		
Owner <input type="checkbox"/>	Contractor <input type="checkbox"/>	Other <input type="checkbox"/>
Name:	Phone No:	
Address:		
Building Permit No (If Required):	Date of Issue:	
Include additional documents as requested by the City (i.e. quotations...)		

I hereby authorize and direct my contractor named above to cooperate fully with the City of Peterborough and their authorized representatives and to provide them with any information or documents that may be requested.

Signature:	Date:
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Please turn and complete back portion

Section 3 – Backflow Prevention & Foundation Drain Disconnection

Services at damaged property, other than sanitary sewer (check all that apply):	Municipal Water <input type="checkbox"/>	Well <input type="checkbox"/>	Septic <input type="checkbox"/>	Other <input type="checkbox"/>
Was the flooding related to the 2002, 2004 or 2012 flooding events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
For the 2002, 2004 or 2012 flooding, did you receive flood relief assistance from any other organization?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, specify the name of the organization:				
Do you have a copy of an adjuster's report or any other documentation to establish flood damage at the property?				
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach.				
Please attach any request or direction from your insurance company requiring backflow prevention at the property.				
Name of the insurance company which provides your property insurance:				
Name of insurance agent/broker:				
Address:		Telephone:		

Type of Property (check appropriate box) Residential Business Non-Profit

Type of Building	Description of Installation	Cost of Installation (\$)	Amount paid by Insurance (\$)	Amount Applied For (\$)
1.1 Single unit dwelling				
1.2 Multiple unit dwelling				
2.1 Commercial building				
3.1 Other (Specify)				
Total (\$)				

If space above is insufficient, additional information may be attached to the application.

Installer Information

Plumber (Licensed by the City of Peterborough) <input type="checkbox"/>	Plumber (other) <input type="checkbox"/>	Owner <input type="checkbox"/>	Other <input type="checkbox"/> (Specify)
Name of Installer:		Phone No:	
Address of Installer:			
Building Permit No (If Required):		Date of Issue:	
Invoices and proof of payment must be attached			

I hereby authorize and direct my insurer or broker named above to cooperate fully with the City of Peterborough and their authorized representatives and to provide them with any information or documents they may request concerning coverage available and any work required under the policy referred to above.

Signature:	Date:
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Section 4 – Final Signoff

I declare/understand

- a) That all of the information provided in the application is true and that it may be subject to audit
- b) That I will permit the City staff or its representative to enter the property and perform inspection and evaluation
- c) That the work will be performed according to the City's approval and in compliance with Building Code and By-laws requirements
- d) That the work will be performed within 1 calendar year of the date of this application and proof of payment will be submitted immediately
- e) That records will be maintained for a period of 2 years from the date of this application
- f) That no costs specified herein have been, or will be, claimed under any other insurance or assistance program
- g) That if information contained in this application is found to be false, I will, upon demand by the City of Peterborough, repay any funds paid to me
- h) That this program being established on limited funds, does not guarantee subsidy to any party, regardless of the eligibility of the application or the approval of an appeal of award, as applications will be reviewed on a first come first served basis.
- i) This application is subject to review and assessment. Ineligible costs will be deducted from the total amount of eligible subsidy.

Applicant's Signature:	Date:
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