



# CITY OF WOOD DALE

Public Works Department  
790 N Central Ave  
Wood Dale, IL 60191  
630-350-3530

## Rear Yard Drainage Assistance Program

Name _____	Application Date _____
Address _____	
Phone _____	E-Mail _____

Items REQUIRED:

- 1) Application
- 2) Pictures of the impacted area
- 3) Plat or drawing indicating the location of flooding
- 4) \$250 application fee

Indicate which issues occur:

- |   |           |          |
|---|-----------|----------|
| 1) Extended saturation or ponding         | Yes _____ | No _____ |
| 2) Structural damage to home or garage    | Yes _____ | No _____ |
| 3) Flooding impacting multiple properties | Yes _____ | No _____ |

Briefly describe the issue:

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Check which apply: Single-Family Home \_\_\_ Multi-Family \_\_\_ Non-Profit Org. \_\_\_

Is your property covered by an existing HOA? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to use the City's prequalified contractor: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please return this application and all required documentation to the Public Works Department located at 790 N Central Ave, Wood Dale, IL 60191**



**CITY OF WOOD DALE**

**REAR YARD DRAINAGE ASSISTANCE PROGRAM PARTICIPATION AGREEMENT**

The Parties to this Agreement, the City of Wood Dale (the “City”), the Contractor and the Resident, designated herein, enter into this Rear Yard Drainage Assistance Program Agreement (the “Program Agreement”). The Resident seeks to participate in the Rear Yard Drainage Assistance Program (the “Program”), and the Parties agree to the terms and conditions as set forth below:

1. The Resident must submit an Application for participation in the Program, accompanied by the \$250.00 Application Fee.
2. The Resident may select to use the City-approved Contractors or seek a Contractor of Resident’s choice to perform the approved work under the Program. Residents electing to seek their own contractor will be required to provide proposals from three (3) separate contractors for the work. After review of such proposals, the City will have the sole authority to approve the preferred contractor.
3. The City’s Engineer will conduct a Survey to determine eligibility to participate in the Program, with a Recommended Mitigation Report.
4. The City will provide said Report to the designated Contractor and the Resident.
5. The Contractor must submit a Proposal, including the scope and cost to perform the work required under the Program.
6. If the Resident elects to proceed with the Program, the Contractor will apply to the City for the necessary Permits and obtain approval from the City to perform the work required under the Program.
7. Upon completion of the approved work and close-out of the necessary Permits, the Contractor will apply for payment from the City for the work performed.
8. The City will review payment requests for all material and labor costs for the Program, up to a maximum of \$10,000.00 per participating Property. The City will invoice the Resident for any Fees in excess of \$10,000.00.

9. The Resident will timely reimburse the City for payment of any fees made to the Contractor in excess of \$10,000.00. Said reimbursement will be made by the Resident within fourteen (14) days of receipt of the Invoice from the City. Acceptable forms of payment include cash, check, debit card, credit card (excluding American Express), cashier's check, or money order.
10. In the event of failure by the Resident to make the timely reimbursement to the City, the Resident consents to have the City place a Lien against the Resident's Property, and the Resident shall be liable to pay all costs and expenses incurred by the City, including but not limited to Lien Fees, Lien Release Fees, Court costs and reasonable Attorneys' Fees, incurred in connection with the imposition of said Lien and enforcement of the Agreement.

The Parties have executed this Agreement as of the date first above written.

Dated \_\_\_\_\_ day of \_\_\_\_\_, 2024.

CITY OF WOOD DALE

By: \_\_\_\_\_

[REPRESENTATIVE]

[CONTRACTOR'S NAME]

By: \_\_\_\_\_

[CONTRACTOR'S SIGNATURE]

[RESIDENT'S NAME]

By: \_\_\_\_\_

[RESIDENT'S SIGNATURE]