



APPLICATION FOR SEWER LATERAL REPAIR PROGRAM

Email application(s) to: CDPermits@overlandmo.org

DATE OF APPLICATION:

PERMIT #:

PROJECT ADDRESS:

Sewer Lateral Repair Program Resident Application Form (Section 230.100)

1. A completed application is required prior to sewer lateral repair.
2. To qualify for the program, a copy your paid Property Tax Receipt and a copy of the paid cabling bill performed within two (2) months of application must be attached to application. Any additional information regarding the sewer lateral problem should also be attached, including documentation of debris removed or probable cause of damage/sinkhole. If available, provide any history you have available on problems with your sewer lateral.
3. Return the completed application (two pages) and required attachments (item #2 above) to the Department of Public Works, 9119 Lackland Road, Overland, MO 63114.

When the City receives your application, the following procedure will occur:

1. Upon review of your application and upon receipt of the MSD dye test results, if applicable, the City will arrange for a private contractor to video tape the line so that the cause and location of the problem can be determined. The contractor will produce a video of the sewer lateral and report detailing problems found. The contractor will notify you by phone to set up a date and time for video taping your sewer line.
2. The City will review the video and report. Public Works personnel will determine if the sewer lateral is defective and define the limits of repair under the City's Sewer Lateral Repair Program.
3. You will then be contacted advising as to whether or not a defect in the sewer lateral exists. If the sewer lateral is determined to be defective, the testing contractor shall be paid by the City. ***If the televising inspection fails to demonstrate that the line is defective, the property owner shall be responsible for paying the testing contractor bill.***
4. If the sewer lateral is defective, the City will contract for repair from a licensed plumber/drainlayer licensed with the City. If bid (non-emergency repair), the city will select the lowest bidder to perform the repairs. Prioritization of your sewer lateral will be determined based upon the following criteria:

Application for Sewer Lateral Repair Program (Revised: November 2024)

Department of Community Development

Telephone Number (314) 227-2930 • Fax Number (314) 428-4960

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- a. Emergency - An unsanitary condition, such as sewage back up into the residence. The City reserves the right to determine if an emergency situation exists. Emergency repairs will be scheduled with a top priority. All other repairs will be scheduled based on available funding on a first come, first served basis.
 - b. Non-Emergency – All other conditions.
 - c. You will be notified by the contractor at least one (1) business day, prior to the commencement of repair work.
5. During repair work, the City will be responsible for all inspections. The City will perform a final inspection once repair is completed to certify the work meets City standards. The contractor will provide the City a three (3) year warranty on all work performed. The City and contractor are not responsible for any damages to owner's property caused by repairs made. All contractors used are bonded and insured.
6. The corrective work will be limited to excavation, repair or replacement of the defective portion of the sewer lateral, backfilling, and seeding and strawing of the disturbed portion of the yard.
7. All decorative landscaping must be 1) removed by the homeowner prior to commencement of repair work or 2) removed by the contractor. All decorative landscaping removed by the contractor will be hauled away as spoilage from the construction site. No damage claims will be accepted by the City for decorative landscaping not removed by the homeowner.
8. Repair work may occur on the homeowner's private property. To facilitate repair work, the homeowner must provide the City legal access to the property. The homeowner should be aware that the repair work may generate noise, mud, dust or other inconveniences as part of the work, and that landscaping, bushes, walks, fences, driveways and other minor items in the way of the work could be damaged. By signing this application, the homeowner also certifies that he/she is the owner of record of the property, grants the City and contractor(s) the legal right of access to the property, and agrees to comply with all rules and regulations of the City of Overland, Missouri.
9. By signing this application, the homeowner agrees that the City is not responsible for any actions taken by the contractor(s) and that the City is not liable for any damage or liability incurred by either the contractor(s), and /or homeowner. Homeowner understands that the City of Overland is not guaranteeing the work of any contractor(s), nor insuring the contractors, subcontractors and/or homeowner.
10. By signing this application, the homeowner agrees to release, protect, indemnify, and hold harmless the City of Overland from any loss, damage, liability, and expense for all injuries, including death to persons or damage to property directly or indirectly arising or growing out of the performance of the City of Overland's a sewer lateral repair program and/or the contractor(s), and the City of Overland Department of Public Works entering the homeowner's property.

NOTICE TO APPLICANT

All homeowner information below is required for application to be considered complete. By signing, the homeowner certifies that he/she has read and understands all conditions contained in this application. Homeowner signature shall be notarized.

Is this application being submitted due to a real estate sale? ☐ No ☐ Yes, closing date _____

NOTICE: OCCUPANCY WILL NOT BE ISSUED UNTIL ASSOCIATED FEES TO THE SLRP APPLICATION ARE PAID IN FULL.

HOMEOWNER INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Signature _____

NOTE: ALL SIGNATURE(S) MUST BE NOTARIZED.

Subscribed and sworn before me personally appeared _____ this _____
day of _____, 20____.

Notary

ALTERNATE CONTRACT PERSON INFORMATION:

Name: _____

Home Phone #: _____

Cell Phone #: _____

FOR DEPARTMENT OF COMMUNITY DEVELOPMENT USE ONLY

PROJECT ADDRESS: _____

Application Received By: _____

Date: _____

Plans Approved By: _____

Date: _____

Directors Approval: _____

Date: _____

Permit #: _____

Date: _____

Plans Denied By: _____

Date: _____

Reason for Denial: _____