

**CITY OF SPRINGFIELD
PLUMBING MODIFICATION REIMBURSEMENT
APPLICATION FORM**

Name: _____

Address: _____

Phone No: _____

Date of Application: _____

Building Constructed Prior to May 1, 1975: Yes No

Pre-Construction Basement Plumbing Review

Date: _____ Inspector: _____

List of bonded contractors given to building owner: Yes No

Plumbing Modification Final Inspection

Date: _____ Inspector: _____

Approved _____

City Engineer

Paid Invoice Submitted:

Date: _____ Check No.: _____ Amount: _____

(Attach paid invoice to application)

Plumbing Modification Reimbursement

Date: _____ Check No.: _____ Amount: _____

(Mail completed application form with reimbursement check)