



Hamilton

Protective Plumbing Program 3P Assessment Form

City of Hamilton
Public Works
Hamilton Water



HAMILTON WATER
WATER IS LIFE

Date of Assessment: (MM\DD\YY) _____

PROPERTY OWNER & PROPERTY INFORMATION	
1	Name(s) of Registered Property Owner(s) _____
2	Address # _____ Street: _____ City: _____ Postal Code: _____
3	Phone Number Home: _____ Work: _____ Cell: _____
4	Property Type Is this a residential property? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a rental property? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Eligibility Service Request The property owner is required to call 905-546-4426 to speak to a customer service representative to verify 3P eligibility. Ask the customer service representative for your service request number. Indicate service request number here: SERVICE REQUEST # _____

ASSESSMENT INFORMATION CHECKLIST (To be completed by the Contractor) <input checked="" type="checkbox"/>	
6	<input type="checkbox"/> Closed circuit television (CCTV) inspection of the property's internal building drain (City of Hamilton requires a copy of the video). A) If a CCTV inspection was not possible please explain why: _____ B) What steps did you take to identify any foundation drain connections upstream? Please provide details: _____
7	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did you identify any foundation drain connections upstream? If yes, please provide a sketch identifying any upstream connections (attach sketch to assessment form) Yes <input type="checkbox"/> No <input type="checkbox"/> Do any of these identified connections need to be disconnected? Will any of these connections cause a potential problem? Please describe: _____
8	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a potential for downspout disconnections? If yes, please identify where and how many: _____
9	<input type="checkbox"/> Based on this assessment; please provide written recommendations: _____
10	<input type="checkbox"/> Are there any risks associated with undertaking all or only some of the recommended works? Please describe: _____

DISCLAIMER (Review Assessment Information with Home Owner and have them sign below before work has been initiated)

I certify that I am the registered owner of the property described in the Property Owner & Property Information section above and that all the information provided in the Assessment / Application Form is true and accurate; that the Assessment Information Checklist section has been completed by a contractor with valid City Of Hamilton licenses; that I understand the terms and conditions of the City Of Hamilton's Protective Plumbing Program (3P) and that all criteria and conditions have been met.

NOTE: Program availability continues to be subject to funding as determined by Hamilton City Council and may be discontinued at any time without notice.

11	Property Owner's Name: (please print) _____	Property Owner's Signature: _____	Date: _____
12	Contracted Company Name: BASEMENT TECHNOLOGIES	Contractor Name: ED GRAVELY	Contractor Signature: _____ Date: _____
13	Contractors Address: 36 ALBERT ST, UNIT 2 HAMILTON, L8M 2X9	Contractors Phone Number: (905) 527-3325	