

City of Rock Island

RAIN GARDENS FOR ROCK ISLAND

APPLICATION

Property Owner Name (please print): _____

Property Owner Address: _____

_____ Rock Island, IL 61201

Property Owner Telephone: (day) _____ (night) _____

I request enrollment in the Rain Gardens for Rock Island Program for the property described above and I hereby certify that...

1. I am the owner or contract purchaser of the property.
2. I agree to maintain the rain gardens after they are built for a minimum period of five years.
3. I will not begin building my rain gardens before I have received approval of participation by the City of Rock Island Public Works Department.

Signature Date

Signature Date

Please return your application and sketch to:
City of Rock Island
Public Works Department
ATTN: Rain Gardens for Rock Island
1309 Mill Street
Rock Island, IL 61201

FOR OFFICE USE ONLY

DESIGN

SAR #: _____

The rain garden design for the property described above is hereby approved for the Rain Gardens for Rock Island Program.

There is a rain barrel included in the design. YES NO

Rain Garden Program Administrator Date

COMPLETED RAIN GARDEN INSPECTION

The rain garden for the property described above has been successfully inspected by the City of Rock Island.

Rain Garden Program Administrator Date

PAYMENT FOR COMPLETED RAIN GARDEN

The rain garden for the property described above has been approved for payment based on the following:

_____ square feet X \$4.00 per square foot = \$_____ reimbursement

Public Works Director Date

Improving the Environment, One Garden at a Time

City of Rock Island

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DETAILS OF PROPOSED RAIN GARDEN

Garden Dimensions (in feet) _____

Garden Depth (in inches) _____

Location of Rain Garden on Your Property _____

YES, I would like to incorporate a rain barrel in my rain garden.

Location of Rain Barrel: _____


NO, I would not like to incorporate a rain barrel in my rain garden.

Tentative List of Perennials to be Planted _____

City of Rock Island

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SKETCH OF PROPOSED RAIN GARDEN



Please return this form with your application to:
City of Rock Island ▪ Public Works Department ▪ 1309 Mill Street ▪ Rock Island ▪ Illinois ▪ 61201

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