

LOW-NITROGEN SANITARY SYSTEM CONDITIONAL REBATE AGREEMENT

THIS AGREEMENT, is made this ____ day of _____, 20__ BETWEEN _____, residing at _____ (the "APPLICANT") and the TOWN OF SHELTER ISLAND, a municipal corporation, having its principal offices at 38 N. Ferry Road, PO Box 970, Shelter Island, New York, 11964 (the "TOWN").

I. GENERAL AGREEMENT

1. The parties agree that pursuant to the attached Resolution of The Town Board of the Town of Shelter Island and in accordance with Chapter 88 of the Town Code, the TOWN has authorized a conditional rebate of up to Fifteen Thousand Dollars (\$15,000.00) for the APPLICANT's upgrade/installation of a Low-Nitrogen Sanitary System at _____, Shelter Island, New York subject to APPLICANT's compliance with the terms of this contract: **This agreement must be executed and returned (with the postmarked envelope it arrived in) to the TOWN within thirty (30) days of the TOWN's mailing of the agreement to the APPLICANT or the approval will be void and the application considered withdrawn.**

II. REQUIRED APPROVALS

2. APPLICANT must obtain approval from the Suffolk County Health Department to install an approved Low-Nitrogen Sanitary System as defined in Chapter 88 of the Shelter Island Town Code; and

III. INSPECTIONS

3. APPLICANT agrees to allow an inspection of the property for which the grant is sought by the TOWN at any reasonable time prior to, during or at the completion of the project; and

IV. REQUIREMENT TO APPLY FOR PRIMARY GRANTS

4. APPLICANT must apply for any available New York State and/or Suffolk County grant for which APPLICANT is eligible and must advise the TOWN within 15 days of any such application; and
5. APPLICANT must execute a separate release permitting the TOWN to obtain all records from Suffolk County and/or the State of New York regarding any application made for a county septic grant including complete copies of the application and ongoing updates; and
6. If APPLICANT is ineligible for any County or State or provide the reason for such ineligibility and proof thereof; and
7. If combined with a New York State or Suffolk County grant or a grant issued by any other entity, the Shelter Island grant shall become secondary to all other grants and may be drawn upon only once other grant funds are exhausted; and

V. TIME FOR COMPLETION

8. APPLICANT must complete the project and submit the green-stamped final approval from the Suffolk County Health Department certifying proper installation of such system within one (1) year from the date of this conditional rebate approval; and
9. APPLICANT may apply for an extension from the Water Quality Improvement Advisory Board if the project cannot be completed within one (1) year which extension shall be granted for a period of time to be determined by the Board if applicant can show substantial progress towards completing the project and sufficient funds are available; and;

VI. SEPTIC REGISTRY

10. Prior to issuance of any rebate funds, the APPLICANT must complete registration with the Town's septic registry; and

VII. PAYMENT OF GRANT UPON COMPLETION

11. Only after completion of the project and satisfaction of all the conditions, including a review of the expenses and a recommendation by the Water Quality Improvement Project Advisory Board, the Town Board will authorize issuance of a rebate check for the actual eligible cost of the system and installation up to \$15,000 payable to the APPLICANT; and

12. APPLICANT must submit a list of appropriate expenses incurred for the project to the Water Quality Improvement Advisory Board which has sole discretion to determine which expenses are appropriate and eligible for the rebate and will measure the expenses against the usual and customary costs of certain equipment, materials, and labor, as well as any characteristics of the property that may aid or hinder the replacement. The following guidelines are offered as to appropriate and eligible expenses:
 - a. Engineering inspection and design
 - b. Survey maps
 - c. Environmental inspections
 - d. Structural inspections,
 - e. Environmental assessments
 - f. Equipment
 - g. Labor
 - h. Materials
 - i. Soil sampling
 - j. Excavation & Backfill

13. APPLICANT is the sole party responsible for paying for all costs and vendors associated with the project and APPLICANT agrees that the Town of Shelter Island is not responsible for either the quality of the work or payment of vendors for this project; and

14. APPLICANT is solely responsible for determination and payment of any taxes due as a result of the project; and

VIII. INDEMNIFICATION

15. APPLICANT, as well as APPLICANT's successors and assigns agrees to fully indemnify and hold the TOWN harmless for any damages of any kind sustained as a result of or arising out of the project associated with this grant whether occurring prior to, during or after installation including, but not limited to any damages caused by defect or failure of the system itself while in use; and

IX. TITLE CHANGES

16. The rebate is approved for the specific owner named above. If title changes at any time during the project, APPLICANT and the incoming owner must jointly apply to the Water Quality Improvement Project Advisory Board and Town Board amendment for an amendment of the conditional rebate approval and the incoming owner must execute a new Conditional Rebate Agreement. For the purpose of expediency this may be done on a contingency basis any time after the contract of sale of the property has been executed; and

X. OPTION TO INSTALL LARGER SYSTEM & PROHIBITION OF FUTURE EXPANSION

17. This rebate shall cover only those expenses associated with replacement by a nitrogen reducing septic system which is the lowest capacity system recommended by the manufacturer for the current legally existing structure, but APPLICANT may install a higher capacity system using APPLICANT's own funds to make up the difference in cost of purchase and installation between the lower and higher capacity system; and

18. No rebate may be issued if any application is made for a permit from the Suffolk County Department of Health upon which the funded project is to proceed which would allow construction of any new or additional bedroom or bathroom or for which the Suffolk County Department of Health would require the replacement of the septic system.

19. If a larger than required system is installed, and at any time within three (3) years of the date of the issuance of the permit from the Suffolk County Department of Health, the above-described property is modified to allow construction of new or additional bedrooms or bathroom or if any application is submitted to the TOWN or to the Suffolk County Department of Health seeking such an expansion, **the rebate approval is void**, applicant is not eligible for any portion of the rebate, and any payments made to the APPLICANT pursuant to this grant must be returned to the TOWN. Should the APPLICANT fail to return the funds when requested, APPLICANT agrees to pay the TOWN's legal fees in connection with the TOWN's recouping of the funds; and

IF ANY OF THE ABOVE TERMS ARE NOT MET, OR THE PROJECT IS ABANDONED PRIOR TO COMPLETION, APPLICANT IS NOT ELIGIBLE FOR ANY PORTION OF THE REBATE.

Dated:

Town of Shelter Island

Supervisor

Applicant certifies that he/she has read the above terms and agrees to them:

Dated: _____

Notary

(Fully executed copies of the agreement are to be provided to the Town Clerk, Clerk of the WQIAB, Building Department, Building Permits Examiner and Town Attorney)

CERTIFIED RELEASE OF SEPTIC INFORMATION

Owner _____

Address _____

Premise District/Section/Block/Lot _____

I, _____, hereby direct and release the Suffolk County Department of Health and/or the State of New York to provide to the Town of Shelter Island any documents or information I have submitted or submit in the future as part of an application for a grant under the Suffolk County or New York State Septic Grant Program or to confirm to the Town that I have submitted no application or that my application has been denied.

I further direct the Suffolk County Department of Health or the State of New York to provide the Town of Shelter Island any and all information regarding the progress and status of my application for the replacement of my septic system with a new Innovative/Alternative On-site Wastewater Treatment System.

I further release the Town of Shelter Island to provide to the Suffolk County Department of Health or to the State of New York any documents or information that the department may need to complete the County Septic Grant application process.

Signed

Notary

