

# ESCROW DEPOSIT

DOCUMENT  
19

No Certificate of Occupancy will be issued until redistribution of soil and seeding of lawn has been completed; except, that between **November 1 and March 31**, the applicant shall submit an agreement that redistribution of soil and seeding of lawn will be done during the immediately following planting season as set forth in **Section 11-5-2: E (6) of the Village Code of Ordinances**. A cash escrow for performance in an amount determined by the Building and Zoning Administrator (**1% of the value of improvements**) is **REQUIRED**. Unless weather or other extraordinary conditions exist that require an extension, the work must be completed by **April 30 of the construction year**.

| PROPERTY ADDRESS | SUBDIVISION/PROJECT NAME |
|------------------|--------------------------|
|                  |                          |

| AMOUNT OF IMPROVEMENT | AMOUNT OF DEPOSIT (1%) |
|-----------------------|------------------------|
| \$                    | \$                     |

*Contractor agrees that the redistribution of soil and seeding of lawn will be done not later than the last day of April following the completion of construction. Contractor understands that Village Code requires a cash escrow for performance in the amount of one percent (1%) of the value of improvements as determined by the Building and Zoning Administrator. Contractor understands that the escrow deposit will be returned upon proof of performance. Contractor understands that he/she is responsible for requesting a final inspection once the work is completed. Contractor understands that failure to perform may result in the assessment of additional fines or fees per Village Ordinance.*

| CONTRACTOR/DEVELOPER INFORMATION |       |
|----------------------------------|-------|
| Name                             |       |
| Address                          |       |
| Phone                            |       |
| Email                            |       |
| Signature                        | Date: |

| OWNER INFORMATION (IF KNOWN) |       |
|------------------------------|-------|
| Name                         |       |
| Address                      |       |
| Phone                        |       |
| Email                        |       |
| Signature                    | Date: |

| FOR OFFICE USE                             |  |
|--|--|
| Approved Extension Deadline Date           |  |
| Date of Inspection (Scheduled on Calendar) |  |
| Date of Refund                             |  |