
HISTORIC RESOURCES REHABILITATION GRANT APPLICATION**For Office Use Only**

PROJECT NO.

STAFF CONTACT

Site Location/Address

Assessor's Map No.

Tax Lot(s) No.

Owner Name:

Phone:

Address:

Email:

City State Zip:

Applicant Name (if different than owner):

Phone:

Address:

Email:

City State Zip:

Historic Significance (historic name, architectural style/type, approximate construction date, and defining characteristics):

Project Costs: (Attach at least three contractor's estimates or a list of detailed estimates for materials.)**Grant Request:** (Cannot exceed 50% of costs or \$2,000.)

General Project Description:

First Priority Elements:

Second Priority Elements:

Third Priority Elements:

Describe how your project meets the Secretary of the Interior's Standards (rehabilitation standards are listed on the guidelines):

Project Timeline:

The undersigned property owner(s) hereby authorizes the filing of this application, and authorizes on site review by authorized staff. I hereby agree to comply with all code requirements applicable to my application. I warrant that the information provided is true and accurate to the best of my knowledge or belief. I have read the Secretary of the Interior's Standards for the Treatment of Historic Properties and the City of West Linn Community Development Code, as applicable, and agree to complete the project as submitted and approved by July 31, 2014. The project must be complete by July 31, 2014 to receive reimbursement. I will notify City Staff when the project is complete.

Applicant's signature

Date

Owner's signature

Date