City of West Linn
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HISTORIC PRESERVATION REHABILITATION GRANT APPLICATION

For Office Use Only	
PROJECT NO.	STAFF CONTACT

Site Location/Address	Assessor's Map No. Tax Lot(s) No.
Owner Name: Address: City State Zip:	Phone: Email:
Applicant Name (if different than owner)**:** Address: City State Zip:	Phone: Email:

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

Treatment (See the Secretary of the Interior's Standards and circle one)**:**

Preservation Rehabilitation Restoration Reconstruction

Project Description:

Project Timeline:

Project Costs: (Attach at least two contractor's bids or a list of detailed estimates for materials.)

Grant Request: (Cannot exceed 50% of costs.)

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. Acceptance of this application does not infer a complete submittal. The applicant waives the right to the provisions of ORS 94.020. All amendments to the Community Development Code and to other regulations adopted after the application is approved shall be enforced where applicable. Approved applications and subsequent development is not vested under the provisions in place at the time of the initial application.

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, 2012. I will notify City Staff when the project is complete.

Applicant's signature	Date	Owner's signature	Date