



# City of Leavenworth

700 Highway 2 / Post Office Box 287  
Leavenworth, Washington 98826  
(509) 548-5275 / Fax: (509) 548-6429  
Web: [www.cityofleavenworth.com](http://www.cityofleavenworth.com)

## Fire Retrofit Grant Application

Please print with blue or black ink or use auto-fill to complete.

### Site Information

Project Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Application Date: \_\_\_\_\_ Project Description: \_\_\_\_\_

\_\_\_\_\_

### Property Owner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name: *(if applicable)* \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attach to this application a copy of your deed showing ownership and a copy of a utility statement with your name confirming occupancy.**

### Contractor *(if not using a contractor, check box )*

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Contractor's License#: \_\_\_\_\_ UBI Business License#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Project Information

Year Constructed \_\_\_\_\_ **(Must be at least 30 years old to qualify)** Owner-occupied  Yes  No

**Attach to this application verification of income for the prior year for all persons living within the household (Must be low income as defined in LMC 3.45.010).**

Asbestos is present on the property: \_\_\_\_\_ Yes \_\_\_\_\_ No. **Verification of accuracy of no asbestos may be required at applicant's expense.**

Type of work requested: Roof Replacement  Eaves, soffits, fascias  Gutters & Downspouts  Exterior walls   
Siding  Underfloor enclosures  Appendages and projections  Other: \_\_\_\_\_

Estimated value of the construction work \$ \_\_\_\_\_ (required) **If you have a contractor's bid, please attach.**

Any funds contributed by the owner \$ \_\_\_\_\_.

### Acknowledgements

*By signing, I hereby certify that I am the property owner. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and if any of the information provided is incorrect, the application or approval may be revoked. I grant city the right to examine the property to verify the accuracy of the information in this application.*

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_