



CITY OF LAKE OSWEGO

Planning and Building Services • 380 A Avenue • Lake Oswego, OR 97034
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Historic Preservation Grant Application

For Office Use Only		
Project No.:	Date:	Staff Contact: Paul Espe 503-697-6577 pespe@lakeoswego.city

Site Location Address:	Assessor's Map and Tax Lot:
Owner Name: Address City, State, Zip	Phone:
	E mail:
Applicant Name (If different from owner): Address City, State, Zip	Phone:
	Email:
Historic Significance: (Historic name, architectural style/type, approximate construction date and defining characteristics: <div style="text-align: center;">- Attach Inventory Form -</div>	

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

Grant Request: Cannot exceed 50% of costs, up to \$3,000

Site Inspection: By submitting this application you are authorizing City staff or a member of the Historic Resources Advisory Board (HRAB) to inspect the exterior of your building to gain a better understanding of the project. An inspection will only occur after the City provides you with a minimum 24 hour notice.

Treatment (Circle one):

Preservation	Restoration	Rehabilitation
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Preservation: Focuses on the maintenance and repair of existing historic materials and retention of a property's form as it has evolved over time; such as sash repair (protection and stabilization have now been considered under this treatment).

Restoration: Involves removing past alterations to restore a property to its appearance at a particular period of time in its history. Restoration includes repair or in kind replacement of deteriorated historic features.

Rehabilitation: Acknowledges the need to alter or add to a historic property to meet continuing or changing uses while retaining the properties historic character.

Project Description: Briefly explain the proposed work and the materials to be used. If your project involves painting, please attach a paint sample for approval. NOTE: some alterations may require historic review and/or building permits. Please contact staff to determine if your project requires a building permit (sash repair generally does not).

Historic Significance: Describe how the project will enhance the historical nature of, or preserve, renovate or rebuild the historical aspects of the structure.

Historical Documentation: Indicate any physical evidence such as old paint lines, original moldings, historic photographs, etc. that support your request to alter the exterior.

Photographs: Submit a “before” photograph of the project site. An “after” photograph is required upon completion of the project. Digital photographs should be submitted on disk or via email attachment.

Project Costs: Attach the contractor’s bids, or a list of detailed estimates for materials.

Example

Paint: 10 gallons @\$25/each = \$250

Siding (drop lap): 600 feet 1” x 6” @ \$1 / foot = \$600

Eligible labor costs are limited to those performed by a licensed contractor.

Materials and Labor

Cost Estimate

Materials and Labor	Cost Estimate

Approximate total _____

Total grant amount requested _____

Projects of up to \$6,000 are eligible to receive **\$3,000** or **50%** of the project cost, whichever is the lesser amount.

Project Scheduling:

Beginning Date: _____ Completion Date _____

Since funding is limited, you must contact staff if you cannot start your project within 90 days of the scheduled beginning date in order to apply for a time extension. Projects must be completed by **June 1, 2018**.

If you are approved for a Preservation Grant, you must contact staff when you actually begin the proposed work, and when you finish the project. Preservation staff will inspect the work when the project is completed.

I have read the Secretary of Interior's Standards for the treatment of historic properties and the Lake Oswego Code for altering a landmark or contributing resource. I agree to complete the project as submitted and approved within six months of the application. I will notify staff when I begin the project and when the project is completed.

I consent to an on-site inspection by an employee or representative of the City of Lake Oswego.

Signature: _____ Date: _____

RENOVATION GRANT CHECK LIST
(To be completed by staff)

_____ Application submitted (date: _____)

_____ W-9 tax form submitted

_____ Historic eligibility verified

_____ Ownership verified

_____ HRAB review of request (date: _____)

_____ Letter sent to applicant of HRAB decision

_____ Approved

_____ Denied (reason for denial): _____

_____ Additional information requested

_____ Work started (date: _____)

_____ Work completed (date: _____)

_____ Follow-up inspection (date: _____)

Total cost of project \$ _____

Grant awarded \$ _____

Amount due owner \$ _____ Check sent (date: _____)