



BUILDING VAULT GRANT APPLICATION

DATE:

APPLICANT INFORMATION

First and Last Name:

Address:

Phone:

Email:

Relationship to Property:

(Property Owner, Business Owner, Other-Describe)

PROPERTY INFORMATION

Address where vault is located:

Property Tax ID:

Project Timing (Approximate Start/End Dates):

Required Documentation *(Attachments required before final approval)*

Please note, if this is your first time filling out the application, we can help you obtain these documents. You may submit the initial application without all of the attachments.

Contractor quote - provide quote to fill the vault and restore the surface above
Contractor Name:

Building Permit issued from the City

Submit W-9: https://drive.google.com/file/d/1i93augn4O2hR8pUM_Y8fiKqxafuq9dzX/view?usp=sharing
(Applicant may receive 1099-G for the amount of the grant.)

A2 DDA Vault Program Policy

https://drive.google.com/file/d/1i93augn4O2hR8pUM_Y8fiKqxafuq9dzX/view?usp=sharing

GRANT AMOUNT REQUESTED:

SIGNATURE:

FOR DDA USE ONLY:

Documents Provided
Date Grant Issued:

Approved / Denied
Check Number: