

Structure Construction Information

Main Structure: _____ Construction Type: _____

Secondary Structure(s): _____ Construction Type: _____

Other: _____ Construction Type: _____

Disclaimer and Signature

- *I agree to meet with the TCFSWG approved inspector to complete the Home Evaluation/Ignition Zone Assessment and develop the project plan.*
- *I agree to obtain direct quotes from contractors for Ignition Resistant Construction activities (roofing, siding, decking etc.).*
- *If funded, I agree to maintain the fuel modification/vegetation work for a minimum of 10 years or until I no longer own this property.*

Applicant Signature: _____ Date: _____

-Official Use Only-

Date Submitted: _____ Review Date: _____

Reviewer Signature: _____ Date: _____

Assessment Scheduled for: _____ Date: _____

Assessment Completed by: _____ Date: _____