



Vail Fire and Emergency Services  
 2399 North Frontage Road  
 Vail, CO 81657  
 Tel: 970-477-3475  
 www.vailgov.com/fire

## Application for Fire Free Five Community Assistance Program

General Information: The Fire Free Five Community Assistance Program was developed to aid Vail property owners reduce their wildfire risk by installing and maintaining fire resistant landscaping within the first five feet of their building. Funds are available for labor and materials to implement the Fire Free Five around your building.

**Property Owner:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Property Type:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

**Description of work to be completed:**

Requested Funding:

- **FFCAP will reimburse up to 75% of actual materials and labor expenses. Property owner must provide 25% cash match.**
- **All work must be completed within 90 days of approval of application. Reimbursements submitted more than 90 days after application approval may be denied.**
- **Vail Fire and Emergency Services must approve project before work may begin. Work completed prior to project approval may not be reimbursed.**
- **Funds received through this program may be considered taxable income. Please contact your tax advisor for guidance on taxability of funds received.**

**When Complete Email this application to Paul Cada at [pcada@vailgov.com](mailto:pcada@vailgov.com)**

**For Office Use Only:**

Date of Vail Fire Initial Site Visit: \_\_\_\_\_

Date of Project Approval: \_\_\_\_\_

Vail Fire and Emergency Services Project Approval Signature: \_\_\_\_\_



## JOINT PROPERTY OWNER WRITTEN APPROVAL LETTER

The applicant must submit written joint property owner approval for applications affecting shared ownership properties such as duplex, condominium, and multi-tenant buildings. This form, or similar written correspondence, must be completed by the adjoining duplex unit owner or the authorized agent of the home owner's association in the case of a condominium or multi-tenant building. All completed forms must be submitted with the applicants completed application.

I, (print name) \_\_\_\_\_, a joint owner, or authority of the association, of property located at \_\_\_\_\_, provide this letter as written approval of the plans dated \_\_\_\_\_ which have been submitted to the Town of Vail Community Development Department for the proposed improvements to be completed at the address noted above. I understand that the proposed improvements include:

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I understand that modifications may be made to the plans over the course of the review process to ensure compliance with the Town's applicable codes and regulations; and that it is the sole responsibility of the applicant to keep the joint property owner apprised of any changes and ensure that the changes are acceptable and appropriate. Submittal of an application results in the applicant agreeing to this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name