

CITY OF OAKRIDGE HOME WOOD HEATING CURTAILMENT PROGRAM

Fiscal Year 2020/2021

The City of Oakridge ordinance allows for up to 20% *opacity*, meaning it should be fairly easy to see through the smoke plume. 100% opacity means the smoke plume is a solid color and one is unable to see through the plume. At 10% opacity, one is able to barely detect smoke emissions. At 20% opacity, a faint smoke plume would be identifiable. At 40% opacity, a smoke plume is easily identifiable, but still transparent enough to see through the plume on a contrasting background. This opacity level is in violation of Ordinance 920.

Even with an exemption, smoke levels are *always* limited to the city's *opacity limits*. Please make sure that the opacity levels of the smoke from your chimney or stack remains transparent and easy to see through. The smoke should be barely visible at the outlet of your chimney or stack when you are using dry wood and burning hot and clean.

Even when burning on a red day with an exemption, you are expected to burn clean and not exceed the 20% limit.

EXEMPTION APPLICATION

This application is for an exemption from the prohibitions contained in the Lane Regional Air Protection Agency's Home Wood Heating Curtailment Program and ordinances for the City of Oakridge. This exemption is available only to city residents and is provided either for economic needs or sole source of heat. **Applications with missing contact information will not be accepted.**

NAME OF APPLICANT: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

City _____ ZIP _____ Telephone: Home/Cell _____

OWNER ___ RENTER ___

If you are a renter, give owner's name and address:

Please complete and sign the corresponding section to apply for the exemption

- **APPLYING FOR ECONOMIC NEED EXEMPTION:**

Attach verification by one of the following:

- Income level as identified on line 7 of 2019 tax form 1040 \$ _____
- Number of People in household in 2020 _____

OR

- WIC eligibility 2019 income level: \$ _____
- Number of People in household in 2020 _____

OR

- Other such as Senior and Disabled property tax deferral valid in 2019: Date. _____
- Number of People in household in 2020 _____

By signing this section, you agree to a review of your income levels as verification of eligibility for the program. Applicant is required to attach copies of documentation of one of the above sources of information to verify the income level. Eligibility is based on the 2019 tax year.

SIGNATURE OF APPLICANT _____ DATE: _____

Criteria for low-income eligibility are based on 2020 HUD Lane County, Oregon, low-income levels* Income levels vary by the number of persons living in the applicant's home:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
39,200	44,800	50,400	56,000	60,500	65,000	69,450	73,950

ATTACH DOCUMENTATION - Application for exemption will not be completed without verifying income through documentation, and are only valid upon completion and approval.

"I affirm that I am in charge of the property to be exempted, **that the number of persons living in the household on the property is _____**, and that the gross household income is at or below the limits set forth in the attached Low-Income Energy Assistance Program Guidelines."

• **APPLYING FOR SOLE SOURCE OF HEAT EXEMPTION**

I affirm that my fireplace or wood stove is the only way I have of heating my home or is the main source of heat in a private residence where the residence is equipped with a heating device that is only minimally sufficient to keep the plumbing from freezing. **"SOLE SOURCE" DOES NOT INCLUDE FINANCIAL HARDSHIP OR CONVENIENCE.**

By checking this box, I am granting my consent for the City Administrator or his/her designee to inspect my property, identified above, and the inside of my home on said property to verify that my burning solid fuel device is my sole source of heat and that I have a compliant stove, in the City Administrators discretion.

THESE EXEMPTIONS SHALL EXPIRE ON JULY 1 OF EACH YEAR AND MUST BE RENEWED.

I swear that the information stated above is true. I understand that I may be subject to criminal penalties under ORS 162.065 to 162.085 if I have supplied false information in this application.

(A form without signature, date, and number of persons in household will be returned to applicant.)

SIGNATURE OF APPLICANT _____ DATE: _____

RETURN To: **City of Oakridge**

Attention: City Administrator

P.O. Box 1410-48318 E. 1st St Oakridge, OR 97463

DATE RECEIVED BY CITY OF OAKRIDGE _____

Approved _____ Date _____ Denied _____ Date _____