



OFFICE
128 Market St.
Stateline, NV

Phone: (775) 588-4547
Fax: (775) 588-4527

MAIL
PO Box 5310
Stateline, NV 89449-5310

www.trpa.org

HOURS
Monday-Friday
9:00 am-5:00 pm
New Applications Until 4:00 pm

trpa@trpa.org

WOOD HEATER RETROFIT PROGRAM

Prior to the sale, transfer or conveyance of any building, the seller must complete this form and submit it to the Tahoe Regional Planning Agency at the above address. A copy of this form must be provided to the buyer(s) prior to the close of escrow. This form cannot be substituted and incomplete forms will be returned.

2013 Update

An exemption to the wood stove disclosure requirements is allowed for transfer instruments such as Trusts and Limited Liability Corporations and where wood stoves were replaced in conformance with the Wood Heater Retrofit Program, which originally became effective January 1, 1993. If the transfer meets this description, this statement and form is not required.

Project Location/Assessor's Parcel Number (APN) _____
Street Address _____ Subdivision _____ Lot # _____
County _____ Previous APN _____
(if changed by county assessor since 1987)

Listing Agent _____ **Listing Agency** _____
Escrow Number _____ **Title Company** _____
Owner(s) _____
Mailing Address _____ City _____ State _____
Zip Code _____ Email _____ Phone _____ FAX _____

DECLARATION:

This building contains:

- No wood heaters or wood fireplaces of any kind in the house or on the property.
- # _____ Legally existing, open wood-burning fireplaces in the house or on the property which are **NOT** the primary heat source. (indicate the number of fireplaces)
- # _____ Wood heaters in the house or on the property. (Indicate number or units and provide information for each below. Attach additional sheets if necessary.)

Manufacturer: _____ Model: _____
Manufacturer: _____ Model: _____

I/We certify that all fireplaces and wood heaters conform to the Tahoe Regional Planning Agency's requirements as set forth in Chapter 91.3.B of the Code of Ordinances as of this date.

Print Owner(s) Name(s): _____ Signature(s) (Original signature required.) _____ Date: _____
_____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ By: _____
Complete? Yes No (If no, return to sender) Date Returned: _____
Date of Database Entry: _____ Date Complete (if returned): _____