

**COMMUNITY REVITALIZATION  
FACADE IMPROVEMENT GRANT APPLICATION**

Date of application \_\_\_\_\_

Applicant's name \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone \_\_\_\_\_

(Home)

(Work)

Project address \_\_\_\_\_

Does the applicant own the building?      Yes \_\_\_\_\_      No \_\_\_\_\_

If no, who does own the building? \_\_\_\_\_

Owner's address \_\_\_\_\_

Owner's telephone \_\_\_\_\_

Describe proposed project specifically: (attach additional sheets if necessary)

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Proposed starting date: \_\_\_\_\_

Proposed completion date: \_\_\_\_\_

Amount of funds requested: \_\_\_\_\_

Estimated cost of project \_\_\_\_\_

Provide a brief outline of project costs \_\_\_\_\_

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List current assessed valuation of project property \$ \_\_\_\_\_

Please list the source and amount of all other funds to be supplied by the applicant or other public or private sources

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

If the project property has been vacant, state how long \_\_\_\_\_

Is the project property properly zoned for the business? \_\_\_\_\_

If a zoning change is pending, cite application number and present status. If application has not been made, briefly describe what change will be needed and plans for submitting application.

\_\_\_\_\_

Number of years the applicant has been in business

\_\_\_\_\_

Names and addresses of contractors and/or architect used for the proposed project.

\_\_\_\_\_

\_\_\_\_\_

Number of new jobs (if any) the proposed project will create \_\_\_\_\_

Number of existing jobs proposed project will preserve \_\_\_\_\_

Applicant should be aware that additional financial data may be required if requested by the Facade Improvement Review Committee. Applicant should also be aware that no application will be considered if expenditures are incurred prior to approval of the application.

It is understood that the Applicant will actively support and/or participate in the programs and activities of Community Revitalization.

The undersigned applicant affirms that the information submitted herein is true and accurate to the best to my (our) knowledge. I (we) have read and understand the conditions of the Community Revitalization Facade Improvement Program and agree to abide by its conditions and guidelines.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date