



STOREFRONT IMPROVEMENT APPLICATION

PRIMARY CONTACT INFORMATION FOR THIS APPLICATION

Name: _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Applicant Name:
(name of person/entity to receive grant) _____

Property Owner: _____

Property Address: _____

Architect/Firm:
(if applicable) _____

Description of Property

Current tenant(s): Commercial _____

Residential **# occupied:** _____ **# vacant:** _____

Building History (if available): _____

Total Cost of façade renovation: \$ _____

Forgivable Loan Amount of Requested: \$ _____

Is the façade renovation part of a larger project?

Yes No, the façade is the only work I am doing

If yes, please describe comprehensive project.

Summary of Existing Condition of Façade: (please attach pictures – Attachment 1)

Summary of Proposed Scope of Work: (materials, color schemes, etc.) Please attach colored drawings that include pre- and post- rehab detail, indicating specifically what will be modified and how (Attachment 2). Bids or official estimates from licensed commercial contractors or other providers of needed services and materials are required. (Attachment 3)

Historic Character: How will proposed project affect historic character? (*if applicable*)

How will your project complement downtown redevelopment efforts?

Signature of applicant: _____ **Date:** _____

Signature of property owner: _____ **Date:** _____
(if different than applicant)



STOREFRONT/FAÇADE IMPROVEMENT APPLICATION

**ATTACHMENT 1:
PHOTOS**

(current & historic if available)



STOREFRONT/FAÇADE IMPROVEMENT APPLICATION

**ATTACHMENT 2:
DRAWINGS
PRE & POST**



STOREFRONT/FAÇADE IMPROVEMENT APPLICATION

**ATTACHMENT 3:
BIDS & COSTS
ESTIMATES**