



FACADE IMPROVEMENT GRANT PROGRAM
Application Checklist
Non-residential Rehabilitation

(Completed by Property Owner, Business Owner and City)

Ownership Information: Date: _____

Owner(s): _____

Address: _____

Phone Number: _____

E-Mail: _____

Phone #: _____ Fax #: _____

√ Check when completed:

- Warranty Deed (copy)
- Business status (Incorporation, Partnership or other legal document)
- Valid Business License (city/county/state)
- ADA compliance (handicapped accessibility for those businesses requiring access)
- Conflict of Interest - Business or personal relationship w/ City Council? Yes _____ No _____

Site Information:

- Parcel Number(s) Tax Records:
- Site Address: _____
- Map Lot/Block Number (see City CDBG Map): _____
- Architectural drawings and/or Pictures (before) w/ project item list
- Scope of work Cost breakdown Quotes and color samples *Need all 3*

Lease (if application is tenant initiated):

- Business owner verification
- Approval from owner for planned rehabilitation (written/notarized)
- Copy of current lease
- Valid Business Tax Receipt (city/county/state)
- ADA compliance (handicapped accessibility)
- Conflict of Interest - Business or personal relationship w/ City Council? Yes _____ No _____

Vacant Building:

- Ownership verification
- Valid lease or occupancy after rehabilitation
- Business status (Incorporation, partnership or other legal document)
- Valid Business Tax Receipt (city/county/state)
- ADA compliance (handicapped accessibility)
- Conflict of Interest - Business or personal relationship w/ City Council? Yes _____ No _____

Notes: _____

ANY COST FOR WORK PREVIOUSLY COMPLETED PRIOR TO AN APPROVED APPLICATION CANNOT BE REIMBURSED UNDER ANY CIRCUMSTANCE. DO NOT START ANY PHYSICAL RENOVATIONS UNTIL AFTER FINAL APPROVAL BY THE CRA, COMPLETION OF THE CONTRACT WITH THE CITY & NOTICE TO PROCEED HAS BEEN ISSUED.