

City of Belvidere
Downtown Façade Improvement Grant Program Application

Address for which funding is requested _____

Name of Applicant _____

Mailing Address of applicant _____

Daytime phone number _____ Email _____

Applicant is:

- Property Owner
- Tenant

If the applicant is a tenant:

Name of the property owner _____

Mailing address of property owner _____

Name of applicant's business _____

Is the building included in the boundaries of: (check all that apply)

- Overlay District
- Local Landmark/ District
- National Landmark/ District

Type of structure:

- Commercial
- Commercial/residential (i.e. commercial on ground floor, residential above)

Proposed improvements for which funding is requested (check all that apply)

- Architect or engineering services (exterior)
- Window/door replacement
- Window/door restoration
- Exterior painting
- Repair or replacement of deteriorated or missing architectural details
- Restoration of original openings
- Storefront rehabilitation

- Masonry restoration or repair
- Removal and replacement of inappropriate features
- Replacement of inappropriate awnings
- Accessibility improvements (exterior)
- Rear or side façade improvements (facing public spaces)
- Other _____

Total estimated project cost of façade improvements \$ _____

Façade Improvement funds requested \$ _____

Attach a detailed description of the work described above including photographs and drawings showing proposed improvements, colors, materials.

Attach a minimum of two (2) estimates for the proposed work.

STATEMENT OF UNDERSTANDING

1. I agree to comply with the guidelines and procedures of the Downtown Façade Improvement Grant Program.
2. I understand that I must submit detailed cost documentation, copies of bids, contracts, invoices, and receipts upon completion of the approved improvements.
3. I understand that Façade Grant funds are subject to audit and taxation.
4. I understand that work done before a Façade Improvement Agreement is approved by the authorized City representative(s), project costs are not eligible for reimbursement through this program.

Signature of Applicant: _____

AUTHORIZATION OF OWNER

If the applicant is other than the owner, the owner must complete the following certificate:

I certify that I am the owner of property at _____ and that I authorize the applicant to apply for a reimbursement grant under the Downtown Façade Improvement Grant Program and undertake the approved improvements.

Signature of Owner: _____