

### FAÇADE IMPROVEMENT 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 the tenant:

Name of property owner \_\_\_\_\_

Mailing address of property owner \_\_\_\_\_

Name of applicant's business \_\_\_\_\_

Is the building included in the boundaries of the Woodstock Square National Register Historic District? \_\_\_\_\_

Type of structure:

- Commercial  
 Mixed Commercial/Residential (i.e., commercial on ground floor, residential above)  
 Single-Family Residential:  owner occupied  renter occupied  
 Multiple-Family Residential: Number of Units \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Architect or engineering services                                      | <input type="checkbox"/> Storefront rehabilitation or renovation                 |
| <input type="checkbox"/> Window/door replacement  | <input type="checkbox"/> Masonry restoration or repair                           |
| <input type="checkbox"/> Windows/doors restoration  | <input type="checkbox"/> Removal and replacement inappropriate features          |
| <input type="checkbox"/> Interior storm window installation                                     | <input type="checkbox"/> Replacement of inappropriate awnings                    |
| <input type="checkbox"/> Painting, in conjunction with other façade improvements                | <input type="checkbox"/> Accessibility improvements (exterior)                   |
| <input type="checkbox"/> Repair or replacement of deteriorated or missing architectural details | <input type="checkbox"/> Rear or side façade improvements (facing public spaces) |
| <input type="checkbox"/> Restoration of original openings                                       |  |
| <input type="checkbox"/> Other _____  |  |

Total estimated project cost of façade improvements \$\_\_\_\_\_

Façade improvement funds requested\* \$\_\_\_\_\_

\*Requested funds shall not exceed 50% of the estimated project cost.

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

Attach a minimum of two estimates for the proposed work.

#### STATEMENT OF UNDERSTANDING

1. I agree to comply with the guidelines and procedures of the Woodstock Façade Improvement 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 Improvement funds are subject to audit and taxation and that the City is required to report the amount and recipient of said grants to the I.R.S.
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 Woodstock Façade Improvement Program and undertake the approved improvements.

Signature of Owner: \_\_\_\_\_