



**For Office Use Only**

Case Number \_\_\_\_\_

Property Address \_\_\_\_\_

Date Application Received \_\_\_\_\_

**Historic Shawnee Alliance Façade Grant Application**

**Applicant Information**

Applicant(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID or Proof of Business: \_\_\_\_\_

Applicant's Daytime Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Does the property have a current tenant?  Yes  No

Length of Ownership \_\_\_\_\_ Date Purchased \_\_\_\_\_

**Property Information**

Address of property to be improved \_\_\_\_\_

Legal Description of Property \_\_\_\_\_

\_\_\_\_\_

Year built \_\_\_\_\_ Square Footage \_\_\_\_\_

Is this a National Register Building or is it in the Bell Street Historic District?  Yes  No

Is this building of known historical significance?  Yes  No

What is the Zoning Classification of the property? \_\_\_\_\_ (must be C-4)

What are the current types of business occupying the building?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and phone number of tenant (s), if applicable: \_\_\_\_\_

\_\_\_\_\_  
Use of building after construction: \_\_\_\_\_  
\_\_\_\_\_

***Submit a copy of the deed or lease.***

**Project Description:**

1. Description of Proposed Improvements: Please attach a detailed description of your proposed improvements. Attach a copy of your design plans, pictures, or renderings. Identify the materials to be used, such as the type of paint or stain (i.e. exterior latex, color). Include details of new signs or awnings, etc. Provide color photos of the subject property.

2. Please attach two (2) independent contractor estimates for each component of the proposed improvement. Please note that grant funding shall be based on the lowest bid. Eligible costs shall be the cost of materials, equipment, and contracted labor to complete eligible improvements. Professional fees such as architects, engineers, and solicitors are not eligible costs.

A. Name/Company and Phone Number of Preferred Contractor:

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B. Name/Company and Phone Number of Second Contractor:

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C. Please attach any additional estimates/comments: (Attach additional quotes, as required)

D. Total Estimated costs of your improvements: \_\_\_\_\_

E. Estimated completion date for your improvements? \_\_\_\_\_

**Historical Significance:**

The HSA Façade Grant program encourages funding of buildings that have historical significance and can be repaired to attract tourists, retail activity and residential uses. Many factors may indicate a building's historical significance such as age, architectural design, building use, events or significant people. Some of this may be proven through deeds, pictures, books, newspaper articles and other sources. Attach to this application all matters proving your claim that this is a historical building.

**Signature of Owner/Authorized Agent– Affidavit or Sworn Declaration**

I, \_\_\_\_\_, state the information contained in this application is true and the information contained in the documents that accompany this application are true.

The HSA Façade committee will review and determine eligibility of all applications. Grants are awarded at the discretion of the HSA. I understand that the design committee must approve my application, and that it must conform to established design guidelines, as well as the specific design recommendations of the HSA. If approved, I understand all work performed, is subject to development standards, buildings and property codes, and permit requirements. I further understand that by participating in this program, I agree to make no changes to the façade of my building without permission from the HSA for a period of three (3) years, and that violation of the condition will result in re-payment of the grant by the applicant. In the event of a change of ownership of this property, this condition transfers to the new owner and violation of this condition will result in repayment of the grant by the new owner. I acknowledge that any work carried out prior to written confirmation of grant approval may not be eligible for repayment.

I acknowledge receiving, understanding, and accepting the terms and conditions set forth regarding the HSA's Façade Grant program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Agent** (Complete only if Applicant is not the registered Owner)

I, \_\_\_\_\_, owner of the subject property,  
hereby authorize \_\_\_\_\_ (Agent) to act on my behalf with respect  
to the application.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Check List** - Check to ensure all documentation has been submitted. Failure to do so may delay the processing of your application or be cause for denial of grant.

- Copy of Deed Included
- Description of proposed improvements– Designs/drawings attached
- Pictures attached
- Estimate of costs/quotes or other details
- Signature of owner/authorized agent
- Application complete
- Are improvements in compliance with Zoning and Building Codes?
- Supporting Historical Documentation

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	Staff Initials	Comments
Ownership Confirmed	_____	_____
Property Taxes Paid in Full	_____	_____
Copy of Deed Attached	_____	_____
Proof of Historical Significance	_____	_____
Zoning Compliance	_____	_____