



## FAÇADE REHABILITATION GRANT APPLICATION

### Program Applicant Information

Program Applicant Name: \_\_\_\_\_

Program Applicant Mailing Address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Building Information

Address of building proposed for rehabilitation: \_\_\_\_\_

Existing use of the building: \_\_\_\_\_

Date building was constructed (if known): \_\_\_\_\_

### Project Information

Please describe the work you propose for this project and attach concept drawings to illustrate:

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

Have you discussed this project with DHAP?  Yes  No

What is your expected project cost (if known)? \_\_\_\_\_

Will you be committing matching funds (cash or in-kind) to this project?  Yes  No

If yes, please list value: \_\_\_\_\_

If yes, would you be interested in a low-interest loan available through the City?  Yes  No

## Attachments

The following materials must be provided along with this application (check those included):

- \_\_\_\_\_ Copy of a recent photograph showing current condition of the building.
- \_\_\_\_\_ Copy of deed showing evidence of building ownership.
- \_\_\_\_\_ Scale drawing(s) or renderings showing alterations, color swatches, changes or improvements being proposed (DHAP will prepare these following initial consultation).

The undersigned affirms that the information submitted herein is true and accurate to the best of his/her knowledge.

## Agreement

I have read and understand the conditions of the Downtown Hazleton Façade Rehabilitation Grant Program and agree to abide by its conditions and guidelines.

Program Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For DHAP use only:

- \_\_\_\_\_ Date of initial consultation.
- \_\_\_\_\_ Historic photos available.
- \_\_\_\_\_ Copies of cost estimates provided by qualified contractors.
- \_\_\_\_\_ Project review and approval by Downtown Hazleton Overlay District Committee.
- \_\_\_\_\_ Building permits (if needed).
- \_\_\_\_\_ Copies of receipts showing costs incurred as matching funds (if needed).