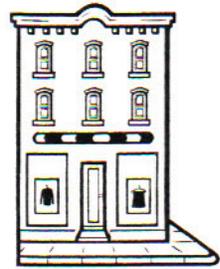


Lincoln Park Downtown Development Authority Façade Improvement Grant Program



▶ Application ◀

Please print all information

Applicant's Information:

Applicant's Name: _____

Address: _____
Number and Street

_____ City State Zip

Telephone _____

Fax _____

Email _____

Business Name: _____

Business Owner(s): _____

Address: Same as above Different, complete the information below

_____ Number and Street

_____ City State Zip

Telephone _____

Fax _____

Email _____

How many years in business? _____ All years at this location? Yes No

Does the business have a current City of Lincoln Park Business License? Yes No

If involved in food service business, are there any open code violations? Yes No

Is the business current with its Personal Property Tax? Yes No

If you checked "No" for any answer, please attach a separate sheet with an explanation.

Real Property Information:

Does Applicant/Business own of the real property? Yes No, complete information below

Owner's Name: _____

Address: _____
Number and Street

_____ City State Zip

Telephone _____

Fax _____

Email _____

(If more than one owner, attach a separate sheet with additional owner's information)

Is the Applicant currently a tenant in the property? Yes No

Is the Applicant seeking to purchase the property? Yes No

Will the Applicant own the property when the project starts? Yes No

Is the property currently occupied? Yes No

If any of the following three (3) questions are answered with a "No," please attach a separate sheet with an explanation.

Has the owner of the property consented to the work? Yes No

If yes, submit the **Owner's Consent Form**

Are the real property taxes current? Yes No

Are there any open building violations for the property? Yes No

Project/Improvement Information:

Is this project/improvement: New Construction Renovation Other

Estimated cost of total project \$ _____

Amount of grant you are seeking \$ _____

Is the grant work part of a larger project than indicated herein? Yes No

Has a professional architect, engineer or designer been retained/used/consulted? Yes No

Have renderings or drawings of the project or improvement been prepared? Yes No

Have construction drawings been prepared? Yes No

Has a building permit for the project been requested already? Yes No

Other than design work, has any work commenced on the project? Yes No
If you checked "Yes," please attach a separate sheet describing in detail what work has commenced, the cost of such work and whether or not this work is part of the work for which you are seeking the matching grant.

Is the Applicant, employees or family members, performing any of the work Yes No
If you checked "Yes", please see the note in Grant Guidelines

Estimated dates for project: Start _____ Completion _____
Month / Day / Year Month / Day / Year

Is construction expected to be complete within 6 months? Yes No

Are you requesting a longer construction cycle? Yes No

If you check "Yes," please attach a separate sheet detailing the anticipated construction cycle and why the need for additional time.

Required Attachments:

- Description of the proposed project/improvements is attached.
- Photographs of the building/property, including all sides that are visible from the exterior, i.e., front, rear, side if not connected to another building, are attached.
- Proof of property ownership (Property Deed) copy is attached.
- If a Tenant, copy of current lease is attached.
- Project rendering is attached.
- Owner's Consent Form attached (If Tenant submitting application)

Applicant's Verification and Signature:

I, the undersigned, do verify that I have read the Façade Improvement Grant Guidelines and the completed Application and I verify that the information contained in the application is correct.

Applicant's Signature Dated: _____

(Applicant should retain a copy of the Application and all attachments)

RETURN COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

Lincoln Park Downtown Development Authority
Lincoln Park City Hall
1355 Southfield Road
Lincoln Park, MI 48146

Stop – Do not write beyond this line – For Office use Only

Application Received: _____ By: _____

STATE OF MICHIGAN
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____,
20____, by _____.

Notary Public,
_____ County, Michigan
My Commission Expires: _____
Acting in _____ County

STATE OF MICHIGAN
COUNTY OF _____

On this ___ day of _____, 20 __, before me personally appeared _____ and _____ to me personally known, who being by me first sworn, did each for themselves, say that they are the _____ and _____ of the Corporate Property Owner named herein and which executed the within instrument, and that said instrument was signed and sealed on behalf of said corporation by authority of its board of directors; and said acknowledged said instrument to be the free act and deed of said corporation.

Notary Public,
_____ County, Michigan
My Commission Expires: _____
Acting in _____ County