

HISTORIC FACADE IMPROVEMENT PROGRAM APPLICATION

1. Business Name: _____
2. Business Contact Person: _____
3. Mailing Address: _____

4. Phone Number: _____
5. Building Address: _____
6. Building Owner: _____
Owner Address: _____
Owner Telephone: _____
7. Projected Cost: _____
8. Provide cost breakdowns by major categories such as architectural fees, engineering fees, signs, awning, painting, repair, carpentry, electrical, etc., as an attachment to this application.
9. Proposed Project Start Date: _____
10. Estimated Completion Date: _____
11. How will the project be financed? If a private financial institution will be involved, please specify which bank and identify the loan office and telephone number:

12. The project will involve the building's: Facade _____, Exterior Side _____, Exterior Rear Wall _____, Roof _____.
12. Please submit three (3) copies of the project design.
13. Please submit one (1) photograph of the existing facade(s).

HISTORIC FAÇADE IMPROVEMENT REHABILITATION CHECKLIST

To confirm that the proposed rehabilitation project is historic, please include the following with your application:

1. Please submit at least one historic photo of your building that shows the façade appearance you are planning to replicate with your restoration project
2. Year building was built: _____
3. Year of attached photo: _____

If you need assistance with historic research for your property, please contact any of the following organizations:

Rochester-Avon Historical Society	248/266-5440
Rochester Hills Museum at Van Hoosen Farm	248/656-4663
Rochester Historical Commission	248/733-3700

The undersigned applicant affirms that:

- A. The information submitted herein is true and accurate to the best of my (our) knowledge.
- B. I (we) have read and understand the conditions of the Rochester DDA Historic Facade Improvement Programs and agree to abide by its conditions and guidelines.
- C. I (we) understand that if this application is approved any changes, alterations or modifications to the approved facade design must be authorized in writing by the DDA Director, Executive Committee or full DDA Board. If unauthorized changes are made I (we) understand that the DDA may withdraw its funding commitment.
- D. I (we) understand that if this project is not completed within the scope of the timetable (12 months), the DDA can withdraw its funding commitment. I (we) understand that I (we) can reapply, however, the application will be subject to funding availability at the time of reapplication.

Signature of Applicant(s):

_____ Date: _____

_____ Date: _____

OFFICE USE ONLY

Date Application Received: _____

DDA Board Action: _____

Date Funding Commitment Letter Sent: _____

DDA Director/Design Committee Notes: _____

Projected Construction Start Date: _____

Final Inspection Date: _____

Amendments:

Notes/Comments: _____

DDA Board Final Approval for Payment Date _____

Amount Approved for Payment: \$ _____