

FACADE IMPROVEMENT GRANT OPPORTUNITY

JANUARY 1	MARCH 1	AUGUST 1 OCTOBER 1
PROJECT INFO		
JSINESS NAME		TAX PARCEL NUMBER
OJECT ADDRESS		
TIMATED START D	AY	ESTIMATED COMPLETION DAY
		x 50% =
TIMATED PROJECT	COST	GRANT AMOUNT REQUESTED *
ROJECT DESCRIPTI	ON:	(NOT TO EXCEED \$1,000)
	ore work that applies to this p	project.
	MASONRY _ SIGNAGE WORK	GENERAL AWNING REPAIR OR WINDOWS REPAIR REPLACEMENT AND DOORS
ROJECT DETAILS:		
inds will be allocated	as they are available and for	r the most appropriate project.
APPLICANT INFO		
PPLICANT LEGAL N	AME	PHONE NUMBER
MAIL ADDRESS	(Must provide)	
RE YOU THE OWNEI	R OF THE PROPERTY IN D	DISCUSSION OR THE TENANT?
RE YOU THE OWNEI		

IF TENANT, PLEASE PROVIDE PROPERTY OWNER NAME

PROPERTY OWNER PHONE NUMBER

PAGE 1



DOWNTOWN PORT HURON

FACADE IMPROVEMENT GRANT OPPORTUNITY

DOCUMENT CHECKLIST

The City of Port Huron Downtown Development Authority must receive all of the documents below to process your application. Incomplete applications cannot be considered. Applications are reviewed periodically and application deadlines occur on January 1, March 1, August 1, and October 1.

- Complete Application.
- Owner Consent Form.
- City of Port Huron Sign and/or Building Permit.
- Copy of HDC meeting minutes confirming project approval (if applicable).
- Color samples of final paint selections and/or final building material selections. Paint swatches, or material samples, etc.
- **Photographs of Existing Facade.** Submit photos of your building in its current condition. Be sure to indicate what improvements you are proposing to make in each.

Detailed Cost Estimates / Bids for Proposed Improvement. Estimates should be itemized.

Drawings of Proposed Facade. Include a concept drawing of what the site will look like after work is completed. For larger projects involving a major scope of work this will include copies of renovation plan and site plans.

By signing below, the Applicant acknowledges that they have read and understand the program guidelines for the Facade Improvement Grant Program available through the City of Port Huron Downtown Development Authority. Applicants understand that applications are reviewed periodically and that application deadlines occur on January 1, March 1, August 1, and October 1. Incomplete applications cannot be considered. The Applicant assures that the information contained in the application is true and correct and agrees to comply with all City of Port Huron guidelines and permissions applicable to this program. The Applicant authorizes the City to use their name, likeness, photos, and or information about the project participating in the program for promotional purposes.

By signing below, the Signatory acknowledges they are duly authorized to act on behalf of the Applicant and that the Applicant is properly organized and licensed to conduct business in the State of Michigan.

APPLICANT PRINT NAME

SIGNATURE

TITLE

DATE

BUSINESS NAME

BUSINESS ADDRESS

RETURN COMPLETED APPLICATIONS with all required attachments to:

Downtown Development Authority Attn: Lisa DeLong 100 McMorran Blvd. Port Huron, MI 48060

For questions, contact DDA Director, Lisa DeLong, at (810)984-9718 or delongl@porthuron.org

FOR DDA USE ONLY:

STATUS

AMOUNT PRE-APPROVED

PAGE 2

IF THE APPLICANT DOES NOT OWN THE PROPERTY, THE BELOW OWNER CONSENT FORM MUST BE COMPLETED BY THE PROPERTY OWNER AND SUBMITTED WITH THE APPLICATION.

OWNER CONSENT FORM

The undersigned hereby waives any clain against the City of Port Huron ("the City") arising our of the use of said grant funds for the purpose set forth in the Application. The undersigned agrees to hold the CITY harmless for any charges, damages, claims, or liens arising out of the Applicant's participation in the Facade Improvement Grant Program.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrumnet to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its Member/Managers, etc. the day and year first above written.

COMPANY SEAL .

COMPANY NAME	
PRINT NAME	
SIGNATURE	
TITLE	
I,, a Notary Publ	ic, do hereby certify that
personally appeared b the due executions of the foregoing instrument.	efore me this day and acknowledged
WITNESS my hand and official seal or stamp, this day of	,,
PRINT NAME OF NOTARY SIGNATURE OF NOTARY	DATE
Notary Public, State of, County of	<u> </u>
Acting in the County of	
My commission expires	