

Jacksonville Main Street

DISTRICT FAÇADE IMPROVEMENT GRANTS

Administered by the Jacksonville Main Street Design Committee

The information provided in this application is protected and is exempt from disclosure pursuant to the Freedom of Information Act, 5 140/1, Section 7(g), et al.

APPLICATION FOR DOWNTOWN FAÇADE IMPROVEMENT GRANT (30/70)

Please type or print all items. Any response requiring more space than provided should be made on an attachment. Attached responses should be noted on the application and reference made to the application item number on said attachment. Items not applicable to the applicant should be marked "N/A".

APPLICANT INFORMATION

Name of Applicant _____

If applicant is a corporation, please list the State of Incorporation and Registered Agent and Registered Agent's Address.

Property Address _____

City _____ State _____ Zip _____

Local/Home Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Business Telephone (____) _____

Business Name _____

Chief Executive Officer/Principal Contact Person _____

Address _____

Telephone (____) _____

Email _____

PROJECT DESCRIPTION

Name of Project _____

Street Address of Project _____

Permanent Parcel Number(s) of Project _____

Existing façade condition description and photographs _____

Description of Project - including design drawing or photographs showing proposed work with elevation of proposed façade improvement _____

Color(s) and/or paint samples _____

Building Dimensions _____

Square Feet of Building (LxW) _____

Stories (Number of Floors) _____

Surface Square Footage of Façade to be Renovated (WxH) _____

Type of Construction _____

Year of Original Construction _____

Additions _____

PROPERTY OWNERSHIP

Identification of all Legal and Beneficial Owners of Subject Property and the approximate value of each owner's holding.

Name(s)	Address(es)	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT COST

Façade Improvement Cost Estimate _____

(Detailed costs to be attached)

Name of Estimator _____

Owner Investment Amount (must be at least 70% of total façade improvement cost)

Amount of Façade Grant Requested: (\$5,000 limit per application) _____

CERTIFICATION

I hereby certify that all of the above responses are true and correct to the best of my knowledge. I hereby authorize the Jacksonville Main Street Design Committee in Jacksonville, Illinois, to contact any or all individuals or corporations named herein for confirmation of the information provided in the application, and release all of any damage that may result.

I understand that any false statement contained in the application may result in the rejection of the application. Failure to improve façade(s) in accordance with published guidelines will result in non-reimbursement of façade project funds.

Date _____ Typed Name _____

Title _____

Signature of Applicant _____