

Central City



Central City Growth Organization & City of Central City

FACADE IMPROVEMENT GRANT PROGRAM APPLICATION FORM

Central City Growth Organization
137 4th St N, PO Box 338
Central City, IA 52214
Ph. (319) 387-7980
centralcitygo@gmail.com

Facade Improvement Grant Program Application Form

Name of Applicant: _____

Mailing Address: _____

Phone Number: Work/Home _____ Cell: _____

Email Address: _____

Project Address: _____

Does the applicant own the project building? Yes ☐ No ☐

If 'No', please attach a letter from the building owner expressing approval of the project proposal.

Will you be using the services of an architect? Yes ☐ No ☐

Describe the proposed improvements. (Attach additional sheets as needed.)

Estimated total project cost: _____

The proposed project will involve the building's: (check all that apply)

☐ Facade ☐ Exterior side walls ☐ Exterior rear wall

Provide cost breakdowns by major categories – such as: awning, painting, repair, carpentry, electrical, etc. – as an attachment to this application.

Proposed start and completion dates:

Start: _____ Completion: _____

What is/are the existing use/s of the building: _____

Will this project proposal correspond with a change in the building's usage? Yes ☐ No ☐

If so, to what? _____

Submittal Checklist – are the following attached?

- ☐ Drawings and plans of the building which illustrate all proposed work. This includes any structural work or repair, paint colors, awnings (sample of material), signage, etc.
- ☐ Information on the methods and materials to be used, and contact information for the contractors/individuals completing the work.
- ☐ Cost estimates of all proposed work. Please itemize the estimates as described above.
- ☐ Building owner letter of acknowledgment (if building owner is not the applicant).

The undersigned affirms that:

- The information submitted herein is true and accurate to the best of my/our knowledge.
- I/we have read and understand the conditions of the Facade Improvement Grant Program, and agree to comply with its conditions and guidelines.
- I/we understand that all work completed on the proposed project must follow the description of approved methods and materials listed in the Facade Improvement Program conditions and guidelines. Any variance from the agreed-upon procedure, without prior approval, may result in forfeiture of any grant for which I/we may have qualified.
- I/we understand that all improvements must meet the design guidelines as set out in the city of Central City's Zoning Ordinances and that any work not meeting these guidelines may be subject to change or loss of funding.

Signature of Applicant/s:

_____	Date: _____
_____	Date: _____
_____	Date: _____

(CCGO Board Use only)

Project meets general approval of Central City Growth Organization Yes ☐ No ☐

If no, reason/s for denial: _____

Signatures: _____ Date Approved: _____
