



FAÇADE IMPROVEMENTS GRANT APPLICATION FY18/19

Mail or hand deliver **BEFORE FEBRUARY 1, 2019** completed application to:

CITY OF ORANGE CITY, DEVELOPMENT SERVICES DEPARTMENT

205 E. Graves Avenue
Orange City, FL 32763
(386) 775-5415
ourorangecity.com

This grant application targets commercial or historic residential properties located in the Community Redevelopment Agency (CRA) area of Orange City. Proposed work must be consistent with the CRA's adopted plan.

APPLICANT INFORMATION:

Contact Person Name: _____ PRIMARY CONTACT

Owner's Name: _____

Property Address: _____

City, State, ZIP: _____

Phone: (____) _____ FAX: (____) _____ EMAIL: _____

Nature of business (Please list products/services provided): _____

Date the business was legally established: _____ State: _____

Legal form of business (Please check one): Corporation Partnership Sole Proprietor LLC N/A

PROJECT ELEMENTS:

(Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adds architectural enhancements | <input type="checkbox"/> Upgrades windows/door trims | <input type="checkbox"/> Awnings/canopies |
| <input type="checkbox"/> Uses energy efficient materials | <input type="checkbox"/> Exterior paint | <input type="checkbox"/> New stucco/masonry work |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Lighting | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Maintains historical design theme | <input type="checkbox"/> Site improvements | <input type="checkbox"/> Decorative screening |
| <input type="checkbox"/> Building addition | <input type="checkbox"/> Sewer extension | <input type="checkbox"/> Streetscape furnishings |

PROJECT DESCRIPTION:

(Attach additional sheets as necessary)

Project general description. Summarize the project to include as much detail about the proposed visual and structural improvements as possible: _____

Tax Parcel Number(s): _____

Total Acres: _____ Building square footage: _____ Proposed building square footage: _____

Existing Future Land Use: _____ Existing Zoning: _____

Total project cost estimate \$ _____

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TO BE COMPLETED BY CITY STAFF:

Date Stamp:		Received by:	
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**TO BE SUPPLIED AT THE TIME OF SUBMISSION WITH ALL APPLICATIONS
(ALL ITEMS MUST ALSO BE SUBMITTED ELECTRONICALLY ON A CD IN PDF FORMAT):**

- Proof of ownership
- Notarized authorization of ownership form (if applicant is other than owner)
- Written summary of the scope of work to be performed
- Two (2) written cost estimates of all phases of work to be performed
- Color photo documentation of existing conditions
- Architectural rendering or sketch detailing the scope of work
- Color and material samples to be used
- Detailed worksheet itemizing the project costs of all phases of work to be performed
- Concept site plan
- Signed and sealed survey of the property completed by a Florida Registered Land Surveyor
- Other (as may be required and discussed in any pre-application meeting)

LIMITATIONS

The Façade Improvement Grant Program is a reimbursement grant for eligible exterior improvements to properties located within the Orange City Community Redevelopment Agency (CRA) area. This grant is a matching grant limited to 50% of eligible costs, not to exceed a maximum \$5,000 award. Grants are not guaranteed. All grants are subject to funding availability and approval by the CRA Board. All applications must be complete and submitted before the designated call for projects deadline established annually by the CRA Board.

APPLICANT(s) SIGNATURE:

If you are not the property owner, you must have the owner complete the attached Owner Authorization Form.

APPLICANT(s) PRINT:

DATE: