

**LDP - DDA
Façade
Reimbursement
Program**

APPLICATION

DATE OF SUBMITTAL:	
TARGET DDA BOARD MEETING DATE:	
APPLICANT NAME (INCLUDE DBA):	
IS APPLICANT THE PROPERTY OWNER?	<u>YES</u> <input type="radio"/> <u>NO</u> <input type="radio"/>
ADDRESS (STREET, CITY, STATE, ZIP):	
PHONE:	<u>BUSINESS</u> <u>CELL</u>
EMAIL:	
PROPERTY OWNER NAME (IF DIFFERENT FROM APPLICANT)	
ADDRESS (STREET, CITY, STATE, ZIP)	
PHONE:	<u>BUSINESS</u> <u>CELL</u>
EMAIL:	
PROJECT PROPERTY ADDRESS	

APPLICATION (CON'T)

ARCHITECTS NAME	
ADDRESS	
PHONE	<u>BUSINESS</u> <u>CELL</u>
EMAIL	
CONTRACTORS NAME	
ADDRESS	
PHONE	<u>BUSINESS</u> <u>CELL</u>
EMAIL	

PROJECT TYPE:

- | | |
|--|---|
| <input type="radio"/> HISTORIC REHABILITATION
<input type="radio"/> RESIDENTIAL
<input type="radio"/> CORNER PROPERTY
<input type="radio"/> ALLEY-FACING FAÇADE | <input type="radio"/> COMMERCIAL
<input type="radio"/> COMMERCIAL AND RESIDENTIAL
<input type="radio"/> STREET-FACING FAÇADE
<input type="radio"/> STREET AND ALLEY-FACING FACADES |
|--|---|

TOTAL PROJECT IMPROVEMENT COSTS: \$ _____

TOTAL FAÇADE COSTS \$ _____
 (Please attach detailed cost break down on a separate page)

FAÇADE FUNDING REQUESTED FROM DDA: \$ _____

APPLICANT SIGNATURE

DATE

TITLE

PROPERTY OWNER SIGNATURE
 (If different than Applicant Signature)

DATE

TITLE