

CLARKSBURG URBAN RENEWAL AUTHORITY
DOWNTOWN FAÇADE IMPROVEMENT GRANT PROGRAM
APPLICATION FORM

THIS APPLICATION must be completed and returned with supporting documentation to the Director of Community and Economic Development or the Director of Finance, City of Clarksburg, 222 West Main Street, Clarksburg, WV 26301. Incomplete applications will not be considered and will be returned to the applicant.

DATE OF APPLICATION: _____

APPLICANT'S INFORMATION:

(If applicant is not the property owner, written consent from the property owner for the proposed façade improvements MUST be attached to the application before it will be considered.)

APPLICANT NAME: _____

STREET: _____

P.O. BOX: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

Owner

Tenant

PROPERTY OWNER NAME: (If different than applicant) _____

STREET: _____

P.O. BOX: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

LOCATION OF PROPERTY TO BE IMPROVED: _____

PRINCIPAL BUSINESS ACTIVITY / CURRENT USE OF SITE: _____

DESCRIPTION OF SITE IN ITS CURRENT CONDITION: _____

DESCRIPTION OF PROPOSED PROJECT: _____

ESTIMATED PROJECT COST: \$_____ (Applicant must

submit at least one (1) written cost estimate for project.)

PROJECT FINANCING:

**URA GRANT AMOUNT REQUESTED (no more than 80%
of project cost to a maximum amount of \$2,000.00)** \$ _____

APPLICANT'S CONTRIBUTION (at least 20% of project cost) \$ _____

ADDITIONAL APPLICANT CONTRIBUTION \$ _____

TOTAL PROJECT COST ESTIMATE \$ _____

ESTIMATED START DATE FOR PROJECT: _____

ESTIMATED COMPLETION DATE FOR PROJECT: _____

Being an owner/tenant of property located within the Designated Area, as described in the Downtown Façade Improvement Grant Program of the Clarksburg Urban Renewal Authority, the undersigned understands that the undersigned may be eligible for financial assistance for the façade improvement project described herein. The undersigned also understands that the undersigned must comply with the Policy and Guidelines for the Façade Improvement Grant Program and that the project must meet the rehabilitation standards set forth in the Policy and Guidelines. The undersigned also understands that the undersigned must provide all information requested by the URA to determine eligibility for participation in the Program. The undersigned hereby requests financial assistance for the proposed project.

Applicant Name (Print)

Applicant's Signature

