



**Commercial Façade
Improvement Program**
 Department of
 Community and Economic Development
 Phone: (315) 339-7643

APPLICANT INFORMATION

Name of Applicant: _____ Application Date: _____

Telephone #'s: Work: _____ Home: _____ Cell: _____

Fax #/ Email: _____

Applicant Mailing Address: _____

Address of Building: _____

Name & Type of Business: _____ Business ID# : _____

OWNER INFORMATION

Name of Owner: _____ Telephone#: _____

Owner Mailing Address: _____

Check all proposed improvements:

- | | |
|---|---|
| <input type="checkbox"/> Exterior painting | <input type="checkbox"/> Exterior building and sign lighting |
| <input type="checkbox"/> Removal of inappropriate exterior finishes or materials | <input type="checkbox"/> Display area lighting |
| <input type="checkbox"/> Restoration of exterior finishes or materials | <input type="checkbox"/> Awnings, new repairs or replacement |
| <input type="checkbox"/> Recessing Reconfiguring exterior doors or entrances; new doors | <input type="checkbox"/> Sidewalks, stairs, steps, railings |
| <input type="checkbox"/> Repairing or replacing windows | <input type="checkbox"/> Some roofing (with special approval) |
| <input type="checkbox"/> Signs (new, repairing or replacing) | <input type="checkbox"/> Window boxes, permanent planters |
| | <input type="checkbox"/> Exterior landscaping |

I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The owner invites CITY representatives to make all reasonable inspections, investigations and take pictures of the subject property during the process period associated with this application. I authorize the use of any pictures taken by the City of Rome.

I also understand that in order for my request for funds to be approved, I must agree to work with, and follow the recommendations of the Department of Planning and Community Development, and before starting any work, following approval of this application, I must complete the attached Downtown Façade Grant Program Agreement.

Signature of Applicant _____ **Date** _____

Signature of Owner _____ **Date** _____

\$500 application fee is due upon application submission (see program summary). Please do not submit payment without notifying the Planning Coordinator in advance.

Date Received: _____

Please attach a description of the proposed improvements to the property. Include sketches, plans, Code violation reports (if applicable) and current and/or historic photos if available.