

**EASTSIDE GATEWAY RENAISSANCE COMMERCIAL FAÇADE IMPROVEMENT
GRANT PROGRAM**

Please be advised that I, as a property and/or business owner, intend to begin and complete the following Façade Improvement Project(s):

Check all that apply:

- Installation and/or replacement of awnings
 - Installation and/or replacement of exterior lighting
 - Façade cleaning
 - Façade painting
 - Façade masonry repair
 - Removal, repair, replacement, or addition of signage
 - Door repair and/or replacement
 - Window repair and/or replacement, including upper story windows
 - Removal of coverings and additions to re-expose original features of storefronts
 - Providing Americans with Disabilities (ADA) approved handicapped access
 - Design assistance including architectural, historic preservation, and graphic design services
 - Roof repairs that are part of the overall façade project
 - Building permit and other miscellaneous fees
 - Demolition of property related to the project
 - Sidewalk repair and/or replacement
 - Landscaping
 - Other
-

I will will not be using design assistance for this project.

I am the property owner business owner of the project property located at:

The following is a brief description of the project (you may attach another sheet if necessary):

Estimated project cost \$ _____

Targeted project start date: _____ Completion date: _____

Initial each of the following that are applicable:

_____	I understand that this "Letter of Intent" is the first step in the application process and does not constitute a guarantee or promise that funding will be offered or awarded.
_____	I understand and agree that the façade improvements shall be completed in accord with the Eastside Gateway Renaissance Commercial Façade Improvement Grant Program Guidelines and the terms of any Funding Offer and/or Grant Agreement.
_____	I am not the property owner of record and have attached a notarized letter from the owner authorizing any and all improvements to be made in accord with this funding program.

Printed Name: _____

Mailing Address: _____

Daytime Phone No(s): _____

E-mail address: _____

Signature _____
Date

FOR DESIGN COMMITTEE USE ONLY

Design Committee Review Date: _____ Site Visit Date: _____

- City of Warren Real Estate Taxes current (all properties owned) Yes No
- City of Warren Sewer Accounts current (all properties owned) Yes No
- City of Warren Building Codes Violations Yes No
- City of Warren Property Maintenance Violations Yes No
- City of Warren Property Nuisance Violations Yes No
- Owner of any properties in Warren County that have been declared blighted Yes No
- The proposed project conforms with the Zoning Ordinance Yes No
- Proposed activities are **tentatively** approved as eligible under the Grant Program pending review of plans and supporting materials to be submitted with the grant application Yes No

PROJECT ID: _____

Letter of Intent approved, funding application to be offered

Yes No

Signature by representative of Committee:

Randy Rossey, Redevelopment Authority Chairman

Date

OR

David Cantrell, Redevelopment Authority Vice-Chairman

Date