

**Town Of East Hartford**  
**COMMERCIAL FACADE IMPROVEMENT PROGRAM**  
**APPLICATION**

**INSTRUCTIONS:** Please complete all items and return to:  
**Development Office, Town Hall, Second Floor**  
**740 Main Street, East Hartford, CT 06108, (860) 291-7300**

**APPLICANT INFORMATION**

Applicant must be the **property owner**. *(If the owner is a corporation or there are more than two owners, list names, mailing addresses, phone numbers, and e-mail addresses of principals on an attached sheet of paper.)*

**Applicant's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Additional Property Owner's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Additional Property Owner's Name:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPERTY INFORMATION**

Address: \_\_\_\_\_

Name of property (if any): \_\_\_\_\_

Names of business(es) and business owner(s) inhabiting the building:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any residential units within the building? No \_\_\_\_ Yes \_\_\_\_

If yes, the form certifying that the applicant has read the lead hazard information/disclosure booklet (available from the Development or Grants offices) is required to be attached to this application.

To your knowledge, is the building currently in compliance with all applicable town, state, and federal codes and regulations? No \_\_\_\_ Yes \_\_\_\_

Are there any outstanding code violations for which the building has been cited? No \_\_\_\_ Yes \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list all liens on the property including the purchase mortgage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are no liens, please check here: \_\_\_\_\_

**COMMERCIAL REHABILITATION IMPROVEMENT REQUEST**

*You may type responses for this page separately if you wish.*

Please give a general description of the improvement(s) being requested:

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Please indicate how, if in any way, this project would contribute to historic preservation or build upon the architectural theme of the area in which it is located:

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Please attach at least one picture of the current appearance of the facade to be improved.

Please attach a list of all building tenants and the dates at which their leases will expire.

The Town will fund 100% of eligible projects up to \$2,000 and 75% of costs above \$2,000 up to a total contribution of \$50,000. In order to utilize architectural services through the Town's contracted architect, applicants must submit a \$1,000 deposit to be used towards the cost of work and counting towards the owner's financial contribution.

Please indicate if you anticipate utilizing architectural services through the Town's contracted architect: No \_\_\_\_ Yes \_\_\_\_ Unsure \_\_\_\_

Please indicate an estimated *overall* budget for your proposed project: \_\_\_\_\_ OR  
Check here if you are completely unsure of a cost estimate at the present time: \_\_\_\_\_

Indicate the estimated date you would begin construction: \_\_\_\_\_

All applicants are required to meet with staff from the Development, Grants, and Building departments to discuss their plans. You may schedule this meeting upon submitting this application, or you will be contacted to schedule the meeting.

Please check here to certify that you have received and reviewed the full program policies, available from the Development Office. \_\_\_\_\_

I hereby certify that the information contained in this application is true and correct.  
(All owners of record must sign below.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

NOTE: In the case of more than one owner, attach evidence (corporate resolution) that one owner is authorized to make application and execute all documents needed for participation in the Commercial Facade Improvement Program.

Revised 8/2016