



**Monmouth Urban Renewal Agency
Façade Improvement Design Assistance Grant Program**



Application

Date Application Submitted _____

Applicant Information:

Company _____

Address _____

Address of Subject Property _____

Assessor Tax Lot Number _____

Contact Person _____ Email Address _____

Phone Number _____ Fax Number _____

Building Owner Tenant

Building Owner Information (if different from applicant):

Contact Person _____

Contact Address _____

Email Address _____ Phone Number _____

Fax Number _____

Owner is aware of the application Owner has endorsed the application

Please submit the following information with your application:

- Photographs clearly showing existing conditions of the building to be improved;
- A written description of the proposed work (attached);
- Basic drawings or sketches showing the proposed improvements

Written consent from the property owner, if owner is different from applicant.

Requirements:

- Professional design work shall not begin until this application is approved by the Urban Renewal Agency Review Board.
- Design services are limited to facades or building exterior improvements (further descriptions of eligible projects are describe by the Façade Improvement Grant Program Guidelines and Overview).
- Funding will **only** be provided to design consultants pre-approved by the Urban Renewal Agency Review Board.
- Design assistance funding shall be issued by the Urban Renewal Agency Review board directly to the approved designer **only** after receipt of reproducible design materials.

Project Start Date _____

Expected Completion Date _____

Total Estimated Cost of Project _____

Grant Amount Requested _____

I agree that the information provided above and within is accurate and correct to the best of my knowledge. I also assure that my person and business are in compliance with all laws, ordinances, rules and regulations of the State of Oregon and the City of Monmouth.

Signature of Applicant _____

Signature of Design Consultant _____

Property Owner Consent Form:

I, _____ (“Property Owner”), certify that I own the property located at _____ (“Address”) in Monmouth, Oregon and that I have reviewed the application by _____ (“Applicant”) for participation in the Monmouth Urban Renewal Agency’s Façade Improvement Grant Program. I understand that the proposal includes the following changes and/or enhancements to my building:

I fully support this application and further certify that the Applicant holds a valid lease for _____ months, expiring on _____.

Date Signature of Property Owner

Printed Name of Property Owner

Mailing Address of Property Owner

Telephone Number of Property Owner

Return to:

City of Monmouth
Office of the City Manager
151 Main St W
Monmouth, OR 97361
503-751-0147