

Historic District Commercial Façades
Program Application

Proposed Project Address: _____

Applicant Name: _____

Applicant Role:

☐ **Property Owner**

☐ **Business Owner**

Property Owner Name: _____

Property Owner Email: _____

Property Owner Phone Number: () _____ - _____

Name of Business at Location: _____

Contact Phone Number: () _____ - _____

Alt. Contact Phone Number: () _____ - _____

Contact Email Address: _____

PROPERTY OWNERSHIP/LEASE

1. **Do you own or lease the property on which the façade improvements are to be made?**

☐ Own

☐ Lease

2. **If you lease, what is the termination date of the lease?** _____

3. **How long have you been a tenant at this location?** _____

4. **Does the owner consent in writing to the proposed façade improvements?**

☐ Yes

☐ No

5. **Has this property received federal or local renovation assistance before?**

☐ Yes

☐ No

☐ Unknown

If yes, please name the source of the funds and the dollar amount received: _____

6. **Do you or does the owner of the property owe any overdue or past due taxes, water/sewer charges, or other debts to the City of Bethlehem ("City")?**

☐ Yes

☐ No

If the answer is "Yes," what is owed, and how much is owed?

_____ \$ _____

_____ \$ _____

PROJECT SCOPE & FINANCING

7. **Provide a project description of the work to be completed under this project**
(please include additional sheets as necessary).

8. **If alteration is made to any element of the building, a detailed sketch or plan must be submitted for review and approval** *(please include additional sheets as necessary).*

9. **Amount of Total Investment in Project** *(please provide a detailed breakdown)*

Amount of Façade Grant Requested: \$ _____ *(up to \$5,000)*

I acknowledge that a one-to-one match to the grant award will be required:

☐ Yes

Source of Funds: _____

	Grant Award	Grant Match	Total Cost
Improvements to windows			
Repairs to windows			
Columns, porches, porticos			
Decorative features			
Repairs and replacement of existing features / systems			

Gutters and downspouts			
Doorway stoops, ramps for accessibility, railings			
Storefront plate glass display window and framing			
Lighting fixtures for illumination of main entrance and signs			
Doors			
Awnings (non-sign awnings only)			
Project Totals			

10. **List all outstanding mortgages and liens against property to be assisted under this program:**

Lienholder's Name	Original Amount	Current Balance	Monthly Payment

GENERAL INFORMATION

Property Insurance Company: _____

Policy Number: _____

Agent Name: _____

Agent Phone: _____

OTHER REQUIREMENTS

Further descriptions of the below can be found in the Program Guidelines.

**Please check off once satisfied or attached. If not applicable, please write N/A:*

_____ **If you own the property**, please attach a copy of the property's deed.

_____ **If you are a tenant in the property**, please attach a copy of the lease.

_____ **For all leased property**, please attach a notarized statement of permission from the owner(s) of record allowing the improvements.

_____ **If applicable**, a copy of Certificate of Appropriateness.

_____ As the property is located in the City's Historic District, you must meet with the City Historic Preservation Officer, or other individual(s) and obtain a project compliance certificate. Contact the Department of Community and Economic Development at (610) 865-7085.

_____ Two (2) current photos of the façade(s) to be improved (*at minimum*)

_____ Plans or sketches of the proposed façade improvements.

- a. Architectural drawings may be required depending upon the scope and complexity of the proposed work.

_____ Three (3) cost estimates

_____ A copy of the Exterior Building Inspection Report issued by the City of Bethlehem Building Inspector.

_____ A copy of a current Certificate of Occupancy if issued within one (1) year of the application date or a copy of scheduled code compliance inspection through the City building inspector's office.

_____ ***If applicable***, a copy of scheduled inspections for Building Code compliance.

_____ If applicant is a corporation, partnership or other than an individual:

- a. Full name of Corporation
- b. Three-year Balance Sheet
- c. Current (3 month) Profit and Loss Statement
- d. Last three years Tax Returns

_____ If applicant is an individual(s):

- e. Last three years income taxes with Schedule C
- f. Personal Financial Statement and supporting documents for each borrower
- g. Income projections

_____ ***If applicable***, all applicants must submit letter(s) from other lender(s) or entities participating in this project. As necessary, legally binding commitments will be required before Applicant receives any benefits under this program.

The City may require additional exhibits and information as it deems appropriate.

CERTIFICATIONS

I (we) certify that all information contained in this application is true and correct in all material aspects to the best of my (our) knowledge. I (we) understand this application is not accepted until a non-refundable deposit is made with the City, if required, and the Façade Program Committee and/or other applicable City agency, accepts the project and notifies Applicant(s) of acceptance.

I (we) furthermore agree to abide by all Façade Improvement Program guidelines (a copy of which is hereby acknowledged as being received) and policies as the City of Bethlehem may establish and amend from time to time, as well as compliance with all codes and regulations of the City, State, and Federal governments as applicable and as they may be amended from time to time. I understand that the City may modify or impose additional conditions on the project, or in connection with this application, in its sole discretion. I understand that if anything in this application conflicts with the grant agreement or other agreement executed between applicant and the City, the applicable agreement will control.

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

SECURING A DUNS NUMBER

If applying as, or representing, a business, please complete the DUNS request process below.

There is no charge for this identification number. Securing a number does **NOT REQUIRE** the release of any personal or financial information. This number is for business identification purposes only.

Visit <https://www.dnb.com/duns-number/get-a-duns.html> to request a DUNS number. Please record the number below and sign this form verifying the number to be correct:

I, _____ (applicant name), the legal representative of

_____ (business name), verify that the DUNS number issued for

this business is _____ (DUNS number).

Authorized Signature

Date