

Community Investment Partnership ProgramAPPLICATION FORM

Applicant Information

Circle One: I am th	e building owner	I am a tenant	
Name			
Physical Address	(name as it app	ears on tax records)	
•	Street		
	Town, State, Zip)	
Mailing Address	Street or PO Bo	X	
	Town, State, Zip)	
Phone Number			
Cell Number			
Email			
Current Tenant			
lame		Lease Expires	Business Apartment
lame		Lease Expires	Business
Name		Lease Expires	Apartment Business
f the huilding is un	occupied what is	the last date of occupation?	Apartment
		our landlord's name, phone and a	ddress
		(name as it appears on	your lease)(phone)
			Street
			Town, State, Zip
When does your lea	ase exnire?		



Bid and Construction Information (please provide two and attach copy)

SIGNATURE:	PRINT NAME:	DA	TE:
application is not a final commitre the APPLICANT of his/her willing Program's Façade Improvement For this proposed project, with an simple, but formal agreement Commission. Any work/construct The submission of this application Design Challenge Grant recipients eligible. Projects will be evaluate	tion contained in this application is accument by either party to undertake, nor to agness to undertake renovations in according policies, procedures and design guacceptable design and at an economical will be entered into between the APPL tion preformed prior to the execution of to in no way guarantees that funding will sis based solely on project merit and not ad in terms of quality, design compatibility of the Design Challenge Grant Evaluation Sy	pay for, any renovations, bordance with the Borough sidelines. Should this procelly feasible cost, the APPLIC ICANT and the Nazareth he Agreement will be ineligible allocated to the APPLIC on financial need. Only extend level of visual impact parts.	ut a strong indication by a Business Revitalization ess result in the selection CANT understands that a Economic Development gible for reimbursement. LICANT. The selection of ternal improvements are
Scope of Work Current Picture of Building_ Rendering/Sketch of Propos Narrative of Proposed Proje	sal		
Please Include the Followin	g Attachments		
Construction Estimate:			
Contractor Phone:			
Contractor Address:			
Contractor Name:			
Construction Estimate:			
Contractor Phone:			
Contractor Address:			
Contractor Name:			