



City of Clermont - CRA
FACADE IMPROVEMENT GRANT PROGRAM
Application

This application, along with all required information should be submitted to:

James Hitt, Economic Development Director
Clermont Economic Development Department
685 W. Montrose Street
Clermont, Florida 34711

Office Use
Application No. _____

The Clermont CRA review and approval will be conducted at the next available meeting. This application and all attachments to it constitute public records. Call (352) 241-7305 if you have any questions about the Facade Improvement Grant Program.

I. APPLICANT

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

II. PROPERTY OWNER (If same as applicant, go to Section III)

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

III. PROPOSED PROJECT

Project/Business Name: _____

Address: _____

A. Is the project within the CRA project area of the City of Clermont? Yes ___ No ___

- B. Project General Description. Please provide the following:
1. Color photographs clearly showing existing condition of the facade, neighboring buildings, and rear entrances. Historic photos if available.
2. Paint color samples for all colors planned. (if applicable)
3. Awning fabric and color sample. (If applicable)
4. Attach site plan and/or sketch plans and specifications detailing the scope of work.
5. Licensed Contractors – Three (3) written quotes to be used for projects up to \$25,000. Projects over \$25,000 must be bid.

- C. Cost of Required Structural/Code Improvements, if any (attach itemized list and cost estimates).

- D. Total cost of Exterior Improvements (attach itemized list and cost estimates).

- E. Dollar amount requested: \$ _____
- H. Applicant cost (minimum 25% of Dollar amount requested): \$ _____
- I. Percent of total financial commitment by applicant (Applicant cost ÷ Total cost) for planned improvements. _____%

IV. SATISFACTION OF GRANT CRITERIA

Explain in written detail on a separate sheet; how your proposal meets each one of the listed criteria set forth in the Facade Improvement Grant Guidelines. By filing this application, the Applicant agrees and understands that this grant is given at the sole discretion of the Clermont CRA and these criteria are used solely to evaluate Applicant's project and do not create an entitlement to funding.

ANY COST FOR WORK PREVIOUSLY COMPLETED PRIOR TO AN APPROVED APPLICATION CANNOT BE REIMBURSED UNDER ANY CIRCUMSTANCE. DO NOT START ANY PHYSICAL RENOVATIONS UNTIL AFTER FINAL APPROVAL BY THE CITY/CRA, COMPLETION OF THE CONTRACT WITH THE CITY & NOTICE TO PROCEED HAS BEEN ISSUED.

In addition, any grant funding award is on a first come, first served basis. Application funding shall be in accordance with the established FIGP Criteria, City Land Development Codes and the approved Architectural Standards for the City.

V. CERTIFICATION

Applicant hereby certifies under penalty of perjury, that all information provided is complete, current, accurate and truthful.

Signature _____
Date

Print

**STATE OF FLORIDA
COUNTY OF LAKE**

The foregoing instrument was acknowledged before me on this _____ day of _____, 20__ by _____ who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

Notary Signature Notary Public
My Commission expires:

Print