

City of Dunedin Commercial Building Grant Program Application

Façade Improvement

	PURPOSE OF GRANT: (Check applicable)		Dem	olition		
			Und	erground Utilities		
I. A	PPLICANT					
Name:						
Address:						
					p:	-
Email:				Contact Numbe		
II. O	WNER OF PROPERTY (if	not applicant)				
	•	,				
Name:						
Address:				7;		
Email:				Contact Numbe		
Lillall.						
5	LIII DING /DUGINEGG TO D	E IN ADD OVED / DU	OLECT C	. \		
III. B	UILDING/BUSINESS TO B	E IMPROVED (PI	KOJEĆI S	IIE)		
Name:						
Address:						
Use of Pr	operty:					
Parcel Nu	umber: ⁻					
Flood Zone:		Flood	Map Panel No.:			
Zoning D	oning District:			Jse District:		
ls this a d	corner lot or does one sid	e of the building	face the	Pinellas Trail?	Yes	No
Has the b	ouilding(s) on your site be	een checked for:				
I	Lead-based paint?	Yes	No	Asbestos?	Yes	No
I	f yes, please provide det	ails of finding:				
When wa	as the oldest portion of th	ne structure built	?			

IV.	PROJECT PROPOSAL (BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS – List each type of work separately)						
1.							
2.							
3.							
-							
V.	ESTIMATED COST OF WORK	FROM BIDS RECEIVED					
	(Applicant may make multiple copies of this page if more than one type of work is being						
	performed. List each type of	work separately under item IV and enter the required bids below.)					
Impro	ovement 1						
Bid 1	:	Bid 2:					
Comp	oany Name:	Company Name:					
Conta	act Name:	Contact Name:					
Bid Amount:		Bid Amount:					
Impro	ovement 2						
Bid 1:	:	Bid 2:					
Company Name:		Company Name:					
Contact Name:		Contact Name:					
Bid Amount:		Bid Amount:					
Impro	ovement 3						
Bid 1:	1	Bid 2:					
Company Name:		Company Name:					
Contact Name:		Contact Name:					
Bid A	mount:	Bid Amount:					
VI.	PROJECT BUDGET/PROGRAM	м матсн					
		or all qualifying work being performed.					
	Cost:	Program Match:					

VII. ATTACHMENTS

Estimated date of project completion:

- 1. Attach photo(s) of the site and façade to be improved or demolished.
- 2. Attach a site plan or sketch of the proposed improvement(s).
- 3. Attach either an architect's estimate of project costs or two competitive contractor's bids.

VIII. AFFIDAVIT								
I (we), the undersigned, a	ttest to my (or	ur) ownership of the property	y located at					
and hereby authorize to act								
as my (our) agent for the limited and express purpose of participating in the City of Dunedin								
Commercial Building Grant Program. I (we) have reviewed and approve of the alterations to be made								
on the property as proposed in this application.								
Property Owner	Date	Property Owner	Date					
The foregoing instrument was ack	nowledged hefore	The foregoing instrument was acknowledged before						
me this day of	<u> </u>	me this day of, 20,						
by		by, who is						
personally known to me or who has produced		personally known to me or who has produced						
as identification.		as identification.						
Notary Public		Notary Public						
I swear that the information co	ntained in this appl	ication is, to the best of my knowle	edge, true and					
complete. I further acknowledg	e and agree to abid	le by the terms and conditions of tl	his program as					
presented in the program description.								
Applicant Sig	nature	Date						

PRIOR APPROVAL BY THE ECONOMIC DEVELOPMENT/CRA DEPARTMENT IS REQUIRED BEFORE BEGINNING ANY WORK.

Completed applications can be mailed to:
City of Dunedin Economic Development/CRA Department, PO Box 1348, Dunedin, FL 34697-1348

or delivered to:

City of Dunedin Economic Development/CRA Department, P.O 134 Dunedin FL 34698, Attn: Trevor Davis.

The City of Dunedin CRA Department retains the right to reject applications which are not consistent with the intent of this program.