

Michigan Street Façade Improvement Program

APPLICATION

APPLICANT INFORMATION:

List the names of the organization exactly as it is registered as well as the full names of all persons having an interest in the property.

Applicant Name(s):

Business/Organization Name:

Mailing Address:

Applicant's Email:

Applicant's Phone:

If the applicant is not an individual, indicate the type of organization:

- Partnership
- Corporation
- Limited Liability Corporation
- Other
- SS# or EIN#:

Identify the applicant's legal interest in the property:

- Property owner having title
- Land contract vendee
- Purchaser by option or purchase agreement
- Lessee
- Other:

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PROJECT INFORMATION:

Property Address:

Parcel Number:

Current Use:

Proposed Use (if different from Current use):

Current and/or future tenant(s):

of floors in building:

Total Linear Frontage Area:

Project Architect Name (if applicable):

APPLICATION

PROJECT DESCRIPTION:

Total Project Cost:

Amount Requested for Reimbursement:

Estimated completion date:

Include the following attachments:

- o Contractor estimates
- o Site plans
- o Photos of existing Conditions
- o Lease (if applicable)
- o Renderings
- o Owner Approval Letter (if applicant is not the property owner)

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APPLICATION

APPLICANT REQUEST:

Applicant must read the following statement and sign.

The undersigned hereby request that the Michigan Street Corridor Improvement Authority provide assistance to the project described in this application for the expressed purpose described above.

The applicant affirms and acknowledges that the applicant has legal interest in the property as described on page of this application.

The offer of assistance will only be effective upon execution of the agreement between the applicant and the Michigan Street CIA.

The answers and statements contained in this application and in the attachments are in all respects true and correct to the best of my knowledge and belief.

Print Applicant Name

Date

Signature

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APPLICATION

OWNER'S SIGNATURE:

Owner Name(s):

Owner Mailing Address:

Owner's Email:

Owner's Phone:

If the applicant is not the owner or the property, the property owner must read the following and sign below.

The undersigned hereby affirms and acknowledges that they are the owner(s) of the property described in the application, are aware of the contents of this application, and hereby authorize the applicant to submit this application and represent the undersigned in the matter being reviewed by the Michigan Street Façade Improvement Committee and CIA.

Print Owner Name

Date

Owner Signature

Michigan Street Façade Improvement Program

APPLICATION

Return completed application with attachments to:

City of Grand Rapids Office of Economic Development

Michigan Street Corridor Improvement Authority
300 Monroe Ave NW, 9th Floor
Grand Rapids, MI 49503

Or email application with attachments to:

michiganstcia@gmail.com

EVALUATION

1. What percent of the total project rehabilitation cost does the request represent?

- 6% - 20% (15)
- 21% - 40% (10)
- More than 40% (5)

2. What is the current occupancy status of the building proposed to be rehabilitated?

- Vacant (5)
- Occupied, vacancy exceeds 50% of building space (10)
- Occupied, vacancy is less than 50% of building space (15)

3. What percentage of total building frontage will be rehabilitated through the project?

- 100% (30)
- 75% - 99% (25)
- 50% - 74% (20)
- 20% - 49% (15)
- Less than 20% (10)

4. When completed, will the project be owner-occupied?

- Yes (10)
- No (5)

EVALUATION

5. Does the project propose to rehabilitate an existing building constructed prior to 1950?

- Yes (10)
- No (5)

6. Are exterior renovation plans consistent with the Secretary of Interior's Standards for Historic Rehabilitation?

- Yes (10)
- No (5)