

Facade Improvement Program Application

Town of Schererville

The purpose of this program is to improve the appearance of commercial buildings located in the Downtown area of the Town of Schererville. The program addresses the facade, the exterior portion of a building facing the public right-of-way, in order to remedy deteriorating property conditions, to generate business for Schererville's commercial areas or provide incentives for redevelopment. For further details on this program, review the Program Guidelines.

INSTRUCTIONS: The following are required to be considered for participation in the Facade Improvement Program. All documents can be submitted via e-mail OR delivered to the Planning and Building Department located in the Town Hall.

Program Assistance

Facade Matching Grant Program	<input type="text"/>	Facade Incentive Program	<input type="text"/>
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Provide the amount of assistance you are requesting. The minimum amount is \$500.00 and maximum amount for Facade Matching Grant is \$15,000.00.

Property Information

Property Address	<input type="text"/>		
Year Property Was Constructed	<input type="text"/>	Is This Property an Existing Building?	<input type="text"/>

Applicant Information

Applicant Name:	<input type="text"/>		
Applicant Address:	<input type="text"/>		
Applicant Phone:	<input type="text"/>	Applicant Email:	<input type="text"/>
Applicant is:	<input type="text"/>		
Business Name (if applicable)	<input type="text"/>		

Property Owner Information (If Applicant is not Property Owner)

Owner Name:	<input type="text"/>		
Owner Address:	<input type="text"/>		
Owner Phone:	<input type="text"/>	Owner Email:	<input type="text"/>
Is the Property Currently for Sale or Proposed for Redevelopment	<input type="text"/>		

Business Information - Ground Floor Uses

INSTRUCTIONS: Provide information on businesses located on the ground floor of the property that will be included in Project.

Business #1

Business Name:

Name of Business Owner (First, Last)

Length of Store Frontage (feet): Date of Lease Expiration: Number of Years Business at this Location

Please include a brief description of the business:

Business #2

Business Name:

Name of Business Owner (First, Last)

Length of Store Frontage (feet): Date of Lease Expiration: Number of Years Business at this Location

Please include a brief description of the business:

Occupancy Information - Upper Floors

Business Name:

Type of Business or Use

Frontage (feet): Date of Lease Expiration: Number of Years Business at this Location

Please include a brief description of the use(s):

Note: If more than two (2) businesses are included in your facade improvement project, please submit a typed attachment to this form

Summary of Work at Property

What type of improvements are you planning to make? Check all that apply:

- | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Doors/Window | <input type="checkbox"/> Tuckpointing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Lighting | <input type="checkbox"/> New Const. |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Total Facade | <input type="checkbox"/> Conversion |

Describe if
"Other" Checked

Provide a narrative of your proposed project. Include information on portions of the building that will be improved and what particular work activities will be completed.

Provide a narrative of how the project supports program design guidelines.

Provide a narrative of how your project will support program objectives and improve business environment.

Photos of Property

INSTRUCTIONS: Please follow one of the options below for including current photos of the portions of the building you are proposing to improve.

OPTION 1: Upload images in the spaces provided below.

OPTION 2: Print color copies and submit them with your completed application.

OPTION 3: Submit photos as ONE (1) pdf attachment when you send your completed application via email.



Summary of Estimates of Work

INSTRUCTIONS: Please provide copies of estimates for each type of improvement. If a single contractor will be doing all work, only one estimate is sufficient. Copies of estimates may be attached after this page OR at the end of the Application.

- NOTE:**
1. You must provide two (2) estimates for EACH type of improvement for your Application to be complete.
 2. If your project includes other works which are beyond the scope of eligible items under the Facade Program, only the portion that is eligible will be funded. Your contractor must provide a separate cost for these items.
 3. If you plan to hire a design consultant, designer's fee should be itemized separately. Consultant fee must also be proportionate to scope related to facade improvement.

Person Submitting Application

Signature of Person Submitting Application

Insert Date

Schererville Facade Improvement Program

Letter of Support

INSTRUCTIONS: If you are a business owner (tenant) applying for funding, please have the property owner complete and sign the following letter and submit this with your Application.

Date: _____

Town of Schererville
Redevelopment Commission
10 E. Joliet Street
Schererville, Indiana 46375

I acknowledge that the tenant, _____(name of Applicant), in my building located at _____(street address), doing business as _____is applying for participate in the "Town of Schererville Façade Improvement Program."

I have read the terms and conditions applying to this program and authorize this tenant to pursue participation in this program.

I further consent to the recordation against this property of a Declaration of Covenants affecting the property, if applicable, and agree to furnish the following documents if and when this project is approved by the Schererville Redevelopment Commission:

- Legal Description of Property
- Signed Declaration of Covenants Affecting Real Property, if applicable
- Signed Certification of Ownership and Consent (included in the Program Agreement)
- Certificate of tax payment

Signed,

_____ (Print name)

_____ (Property Address)

_____ (Signature)

Agreement of Understanding

"I certify that all of the information contained in this document, all statements, information, and exhibits that I am submitting for the property listed in this form under 'property information' is true and accurate and to the best of my knowledge. I certify that I have reviewed the Program Guidelines and Program Agreement form associated with the Town of Schererville's Facade Improvement Program."

Signature of Applicant:

Insert Date:

To submit your Application, send the following to the Town of Schererville, Redevelopment Commission:

- This completed Application Form
- Evidence of approval of property owner if you are a tenant
- Evidence of availability of matching dollars available
- Evidence of Lease Agreement if Applicant is a tenant
- Copies of color photographs
- Plans, drawings and other support information about the project
- Copies of at least two (2) bids for proposed work
- Evidence that contractor is licensed, bonded and insured
- Evidence of tax payment
- A \$100.00 **refundable** Application Fee made to Town of Schererville

Please return completed package to:

Town of Schererville
Attn: Town Manager
Planning and Building Department
10 Joliet Street
Schererville, IN 46375