

APPLICATION - Cambridge Façade Improvement Program

COMMERCIAL Property

Please complete the information below

Part A: The Property

1. Address of property to be improved.

2. Owner of property and contact information.

Name _____

Address _____

Phone _____ Email _____

3. Describe current business operating at property _____

4. Business name _____

5. Business owner and contact information _____

Name _____

Address _____

Phone _____ Email _____

6. Briefly describe history of property leading up to current use _____

7. Provide exterior photos of building and the street view (block) where it is located.

Part B: The Project

8. Describe the planned improvements that are part of the project being applied for in this façade-improvement grant.

9. Provide photo(s) of specific area to be improved, along with sample of materials, graphic details, rendering or site plans if applicable.

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10. Provide and attach written, good faith, itemized quotes for the described planned improvements from qualified entities. Labor and materials costs must be separated. Identify preferred vendor(s) to complete the work. Please explain rationale if a vendor is chosen with a higher quote. Labor completed by the applicant is not reimbursable however materials only will be reimbursed at the appropriate percentage.

SELECTED VENDOR(S): _____

11. If any, describe other improvements made to the structure as part of a larger renovation of which this project is a part.

12. If relevant, provide total project cost for the larger renovation.

Part C: Local approvals

13. Include letter(s) or approval(s) from relevant local authorities (Department of Public Works; Historic Preservation Commission) stating proposed project meets local codes, etc. Please attach.

14. Complete MD Historical Trust form, see link below. Print and please attach.

http://mht.maryland.gov/documents/PDF/Compliance_Forms_Projectreview.pdf

15. Applicant agrees to obtain all necessary permits prior to commencement of work and to complete work according to the City Building Codes. Upon approval, applicant must begin work within 90 days, have work completed within 180 days, and submit paid receipts within 45 days of completion.

Please refer to Application Steps and Guidelines documents to assure this is completed accurately.

Name of person completing this form: _____

Signature: _____ Date: _____

Return completed application packet to:

Cambridge Economic Development 1025 Washington St, Cambridge, MD 21613

Questions: 410-221-6074 or ced@choosecambridge.com

Name of person accepting application: _____

Signature: _____ Date: _____