

**CITY OF WHEATON  
DOWNTOWN PROPERTY IMPROVEMENT PROGRAMS  
PROGRAM APPLICATION**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Interested in property to be renovated (check one):

- Owner/Mortgagor
- Buyer on Contract
- Tenant

If buyer on contract, who is property owner?

\_\_\_\_\_

\_\_\_\_\_

If tenant, who is property owner?

\_\_\_\_\_

\_\_\_\_\_

If tenant, how many years are left on the current lease?

\_\_\_\_\_

**2. PROJECT INFORMATION**

Business Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Current use of property: \_\_\_\_\_  
\_\_\_\_\_

Proposed or existing use of property: \_\_\_\_\_

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Describe work proposed for property (attach contractor's estimates):

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Project cost estimates:

Total

Architectural Costs: \_\_\_\_\_

Interest Loan Subsidy: \_\_\_\_\_

Exterior Renovation: \_\_\_\_\_

Site Improvements: \_\_\_\_\_

Signage or awnings: \_\_\_\_\_

Total: \_\_\_\_\_

Length of store front on front facade:

Property Location:      Former TIF District 1        
                                    TIF District 2        
                                    Balance of CBD     

To complete this application, please attach the following information to further describe the proposed projects:

- Elevations of any facade proposed to be altered, sample(s) of proposed colors or materials, finishes, details, and preliminary cost estimates; the drawing should clearly show proposed details, and preliminary cost estimates supplied by contractor(s).
- Clear and identifiable photographs of the building facade to be altered.

### 3. CERTIFICATION

I, the undersigned, certify that I have received and read the guidelines and procedures of the Downtown Wheaton Property Rehabilitation Grant Program. I certify that all information provided herein is true and accurate to the best of my knowledge. I further certify that I have completed and attached to this application all documentation required as part of this application. I understand that I cannot be reimbursed for work undertaken prior to approval of this application. I understand that I will be required to submit copies of paid bills and canceled before I will be reimbursed.

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Applicant Name (print or type)

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Date

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APPLICANT SIGNATURE

Comments:

Historic Commission:

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City Staff:

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\*\*\*\*\*Office Use Only\*\*\*\*\*

Application is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_