# Downtown Roseville Facade Improvement Rebate

Project Application





APPLICANT TYPE (CHECK ALL THAT APPLY)									
Property Owner	Sole Business Owner	Property Owner Representative		Business Partner					
APPLICANT INFORMATION									
Applicant Name		Email Address							
Telephone		Mobile Phone							
Mailing Address		City	State	Zip					
Name of Business		City of Roseville Business Tax Certificate Number:							
How did you learn about this program?									
PROJECT INFORMATION									
Property Address				Zip					
Property Owner Name (as it appears on d	uired for all program-rel	ated designs, and							
Project Description (if more space is need	led please include a separate attachment):	·							

## PROJECT GOALS (RATE EACH ON A SCALE OF 1 TO 3, WITH 1 = VERY IMPORTANT, 2 = IMPORTANT, AND 3 = NOT IMPORTANT)

Improve current condition of building/ facade	Enhance curb appeal of building	Increase business visibility
Increase security	Enhance appearance of neighborhood	Keep within specified budget
Keep within specified time frame	Restore building's historic architecture	Correct Code Compliance violation(s)
Other		

## PROPOSED IMPROVEMENTS (SELECT AT LEAST TWO IMPROVEMENTS)

Awnings	Doors	Landscaping	Lighting	Paint	Signs
Tile or other decorative material	Windows	Historic restoration	Other		

**Project Application** 





### **APPLICATION ATTACHMENTS**

#### Please submit the following documents with this application:

- 1. At least two (2) high-resolution photos of the storefront:
  - a. First one displaying a closeup of the storefront in its current condition
  - b. Second one displaying the entire building façade with the adjacent buildings on either side
- 2. One draft copy of proposed elevations
- 3. Facade Program Cost Table Worksheet: Preliminary budget of materials and estimated City permits fees

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS. I CERTIFY THAT I HAVE AUTHORITY TO SIGN THIS APPLICATION ON BEHALF OF THE PROPOSED PROJECT LOCATED AT:

**Property Address** 

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THE PROJECT I AM APPLYING FOR MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN THIS APPLICATION PACKAGE. I UNDERSTAND THAT THE CITY OF ROSEVILLE'S ACCEPTANCE OF THIS APPLICATION DOES NOT CONSTITUTE ANY OBLIGATION TO ANY APPLICANT AND DOES NOT GUARANTEE FUNDING.

Property Owner Signature

Print Name

**Applicant Signature** 

Print Name

#### Note: If applicant is different from the property owner both parties must sign.

Date received

STAFF USE ONLY

Notes

Zip

Date

Date