



Historic Preservation Board
Application for Historic Preservation Grant
Facade Renovations

| OFFICIAL USE ONLY | |
|-------------------|-------|
| Application No.: | _____ |
| Date Received: | _____ |

Property owner:

Name Individual Name if Applicant is a Business

Address City State ZIP Phone

Residential: Commercial: Amount Requested: _____

Applicant to select from the following:

Paint: Landscape: Facade: Structural Repairs:
Other:
(explain) _____

Please provide detailed description of work to be done and cost estimate:
(Use reverse side and/or attachments if needed)

Please attach all supporting documents and/or photos that are relevant to your request.

Additional Funding Source(s):

_____ % Match with Historical Society

Owner Contribution: Yes No If yes, amount: _____ Labor: _____

If no, please state why:

Do you anticipate assistance from any other agency? Yes No

If yes, please list agency and type / amount of assistance.

Agency: _____ Amount: _____

Historic Preservation Board Meeting Date: _____ Time: _____

Signature Date

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Approved: _____
Approver's Title Official's Signature

Amount of Grant: _____ Payable to: _____