

**Our Town Cooperative
Main Street Program
Facade Renovation Program
Application Package**



**68 East Pike Street Canonsburg, Pennsylvania 15317
724-745-1800 fax 724-745-8850
www.ourtownco-op.org
mainstreet@ourtownco-op.org**

Adopted October 2006; Revised February 2007

Our Town Cooperative Main Street Program
Façade Improvements Grant Program Application

Date: _____

Property Owner Application

Property Address: _____

Parcel ID #: _____

Owner(s): _____

Mailing Address: _____

Phone: _____

Cellular: _____

Fax: _____

Other: _____

Tenant Application

Tenant Name(s): _____

Business Name: _____

Phone: _____

Cellular: _____

Fax: _____

Other: _____

Signatures:

Owner

Tenant

Owner

Tenant

Please enclose the following with completed, signed application:

- Ownership verification
- Property Insurance verification
- Property and/or Revenue Tax Payment verification
- Copy of Lease(s), if applicable
- Color photographs of existing façade.
- Written detail of work plan, including time frames.

Return completed application to:

Main Street Manager
Our Town Cooperative
68 East Pike Street
Canonsburg, PA 15317

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Please describe the type of restoration/rehabilitation work planned:

Design: _____

Façade: _____

Awning or Overhang: _____

Signage: _____

Other: _____

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Conditions

- 1 All proposed improvements must be approved by the Design Review Board of the Our Town Cooperative.
- 2 Applicants must be current on all tax and other property assessments for all properties owned in the Main Street District.
- 3 All improvements must be completed within 6 months of application approval.
- 4 All improvements are subject to consultation with assigned Design Review Board member.
- 5 Upon completion of all planned work, and following submission of Work Completion Survey to the Design Review Board, matching-grant funds will be paid to the applicant, at 50% of costs to a maximum of \$5000.00 (\$500.00 for signage.)

Disclaimer

I hereby acknowledge that I understand the terms and conditions of the Façade Improvements Matching-Grant Program, and this signature indicates my intent to meet the specified terms if the application is approved.

I understand further that, upon grant authorization, this project is approved for payment only in strict accordance with the Design Review Board approved plans, which are attached to this application and hereby made part of this agreement.

I further understand that change orders are not eligible, and that failure to comply with this agreement may jeopardize receipt of grant funds.

Applicant Signature

Date

Applicant Signature

Date

Design Approval and Grant Authorization Process

This Application will be reviewed by the Design Review Board at its next regular meeting. Pending recommendations, this Application will be resolved via either Approval or Denial within 3-calendar months. All decisions of the Design Review Board are final and binding. Resubmission must be completed by the deadline date.

Our Town Cooperative Main Street Program
Official Use Only

Date Application Received:

Application Received By:

Date Application Reviewed by Design Board:

Comments on Application:

Date Recommendations Given to Applicant:

Deadline for Resubmission:

Date Resubmission Received:

Design Approval and Grant Authorization

This application has been reviewed by the Design Review Board of the Our Town Cooperative Main Street Program, and has been found to conform to the established Design Guidelines. This application is hereby authorized for grant funding up to a maximum of \$5000.00. This amount is good for 6 months from the date of signature below.

OTC Design Review Board Chairman

Date Approved

Assigned Design Review Board Member

Phone

Funding Amount Approved:
