

CITY OF WAYLAND
DOWNTOWN DEVELOPMENT AUTHORITY
FAÇADE IMPROVEMENT PROGRAM **APPLICATION**

APPLICANT INFORMATION

Date: _____

Name: _____

Property Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Email: _____

PROJECT INFORMATION

Type of Project: Paint Only Rehabilitation

Businesses Located in Building:

Applicant is: Property Owner Tenant Other:

If you are the tenant, when does your lease expire? / /20_____

Note: *If you are not the property owner, owner must co-sign this application where indicated below and provide a letter of permission (sample attached).*

Include copies of the following information:

- Proof of ownership (deed, land contract, etc.)
- Copy of lease (tenant applicant only)
- Tax I.D. number

Rehabilitation Project: Provide detailed description of the scope of work related to the proposed improvements, including drawings, renderings, and quotes from qualified builder/ contractor/ architect. Please submit a minimum of two quotes. Use additional sheets as necessary.

Total Planned Project Cost \$ _____

Estimated Completion Time _____

Did you receive Design Services through Wayland Main Street? Yes No

Paint Only Project: Provide a drawing, sketch, or photograph indicating the areas of the building to be painted, including trim details, and paint color samples.

APPLICANT SIGNATURE

I understand that my submission of an application does not constitute a guarantee for funding under the Wayland Downtown Façade Improvement Program. I certify that all information is true and accurate to the best of my knowledge and, if approved, work will be completed.

Applicant Signature

Date

Owner Signature (if other than applicant)

Date

Send completed application to:

**Wayland Main Street/DDA, Attn: Director
117 S. Main Street, Suite #7, Wayland, MI 49348**

OFFICE USE ONLY				
Date received:	/	/	Received by:	
Date reviewed by Design Committee:	/	/		
Design was:	Approved	Tabled	Denied	Actions requested:
Date reviewed by DDA Board:	/	/		
Grant was:	Approved	Tabled	Denied	Notes:
Letter of explanation issued:	Yes	No		
Grant amount approved:	\$ _____			
Signature of DDA Chair: X			Date: /	/

CITY OF WAYLAND
DOWNTOWN DEVELOPMENT AUTHORITY
FAÇADE IMPROVEMENT PROGRAM **CHECKLIST**

- Applicant Information
- Project Information
- Project Description
 - Drawings/renderings of proposed work
 - Bids/quotes from qualified builder/contractor/architect
- Signed Application
- Required Documentation
 - Proof of ownership
 - Copy of lease (tenant applicant)
 - Owner permission to apply (tenant application) – *signature on application & letter of permission is required*
 - Tax Property Identification Number
 - Photograph of project property (current)
 - Proof of property and liability insurance

SAMPLE LETTER OF PERMISSION

(Property owner must sign this letter)

Date:

City of Wayland DDA
117 S. Main Street, #7
Wayland, MI 49348

RE: Façade Improvement Program Application for (Property Address)

ATTN: Ingrid Miller, DDA Director

I hereby grant my permission to (Applicant Name) to make application under the Wayland Façade Improvement Program. I certify that I have received a copy of the application for funding from the applicant and am fully aware of what is being proposed. I also certify that I am the legal owner of record and that I have the authority to grant this permission to (Applicant Name).

Sincerely,

(Signature)

Type Name Here