

TOWN OF BERLIN
Economic Development
240 Kensington Road
Berlin CT 06037
Tel: (860) 828-7005

FAÇADE IMPROVEMENT PROGRAM APPLICATION

Please complete all items carefully and accurately to the best of your knowledge.

Checklist of requirements:

_____ Economic Development

_____ Building Official

_____ Planning and Zoning

_____ Description of **ALL** improvements and how work will be accomplished.

_____ If property owner and business owner are not the same, a letter of support from the property owner is required.

_____ Provide a minimum of two estimates for each proposal, for all renovations. Include itemized material and labor costs.

_____ Tax Affidavit proving all Town taxes on all property owned by the same owner are paid in full.

_____ Copy of Lease

_____ Copy of Certificate of Insurance

Building Department Façade Questionnaire.

Need the job description, and cost.

Roof-

1. What is the roofing material?
2. How much roofing material? How many Square?
3. How many layers of roofing material are being removed if any?
4. Chimney, any flashing needed or being replaced ? How much? Material type?

Windows-

1. What windows are being replaced ?
2. What type of windows and sizes are being installed?
3. Do they require tempered glass because of the proximity to the floor?

Doors-

1. What type of doors, how many and sizes?

Siding-

1. What type of material is the siding?
2. How many square feet of the material is being used?
3. What and how much of the siding material is being removed?

Signage-

1. Size of the sign?
2. Is the sign a box frame?
3. Is the sign illuminated?

Awnings-

1. What is the size of the awning?
2. What height is the awning installed at any walking surface?

Deck-

1. What is the size of the deck?
2. What is the material for the deck?
3. Is there an existing deck being removed and what size is it?

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Instruction: Please complete all items carefully and accurately to the best of your knowledge.

I. Owner Information

Property Owner(s) Name (Titleholder): _____

Owner Type: (Check One)

Corporation Individual LLC Partnership Proprietorship

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____ Ext: _____ Fax: _____

II. Property Information (to be given as security for Façade Loan)

Address of Subject Property: _____

Name of Current Business(es) and Business Owner(s) or Merchants(s):

Total amount of outstanding debt on subject property:

Type	To Whom	Amount	Maturity Date	Balance
1 st Mortgage Holder				
2 nd Mortgage Holder				
Other liens				

III. Principal(s)/Guarantor Information

Name(s): _____

Address(es): _____

IV. Type of Improvements Proposed:

- Awning Canopy Doors Gutters
 Landscaping Lighting New Sign Painting
 Paving Sign Removal Sidewalk Siding Windows

Exterior _____ Signage _____

Other _____

TOTAL _____

AMOUNT OF GRANT REQUEST: _____ (Maximum \$50,000)

Sources of Funding for Total Project:

Owner: _____

Bank: _____

Other: _____

BERLIN FAÇADE GRANT: _____

Total Project Cost: _____

V. PLEASE ATTACH THE FOLLOWING AS PART OF THIS APPLICATION:

- a. Description of improvements (exterior, signage, landscaping) and how work will be accomplished.
- b. Brief company profile.
- c. If the property owner and business owner are not the same, a letter of support from the property owner is required.
- d. Copy of lease for current or proposed business location (if applicant is lessee).
- e. Estimates for all renovations including itemized material and labor costs.
- f. Copy of deed to real property.

VI. Façade Improvement(s) Request

Give a brief general description of the type of improvement(s) being requested and an explanation of how the project will meet the program objectives in the Program's Policies and Procedures: _____

I certify that the information in this application is true and complete and I agree to participate in the Façade Improvement Program.

The undersigned hereby authorizes the Town of Berlin to independently verify the information contained in this application.

Owner(s) Signature(s) **MUST BE NOTARIZED** _____
Date

Lessee(s) Signature, if applicant **MUST BE NOTARIZED** _____
Date

STATE OF CONNECTICUT)
COUNTY OF _____)

The foregoing instrument was subscribed to and sworn to before me,
this _____ day of _____ 20 .

_____, Notary Public
My Commission Expires: _____

Please submit the following items along with the application form:

- Copy of deed and mortgage documents for subject property.
- Complete the attached Tax Affidavit showing that all Town taxes due on all property owned by the same owner are paid in full and return to:
Economic Development Director, Berlin CT 06037
- Copy of Certificate of Insurance on subject property.
- Copy of lease(s) between owner and merchant(s) or business person(s), if applicable.

TO BE DETERMINED LATER, If Applicable:

- Evidence of availability of funds for the matching 50% of the total cost of construction as required by the Façade Improvement Program.
- Evidence documenting the mortgages and other encumbrances on the property including the current principal balance.
- Other financial information to support that the applicant will maintain the improvements for a period of five years after completion of the project.
- Final plans and specifications for the work.
- Multiple cost estimates.
- Copy of contract(s) between the property owner/tenant and the contractors and suppliers for the project.

NOTICE:

Funds for the Façade and Landscape Grant Program are being provided through a grant from the State of Connecticut. The Applicant will be required to enter into an agreement with the Town that will include provision that the Applicant will agree not to discriminate and that the applicant will make a good faith effort to use State registered woman owned and/or minority business enterprises. This link on the State of Connecticut Department of Administrative Services web site can help you find small and minority businesses to consider as contractors or supplier for the project. <http://www.biznet.ct.gov/SupplierDiversity/SDSearch.aspx>

FAÇADE IMPROVEMENT
Tax Payment Verification

Name of Business/Property Owner: _____

Form of Business: Corporation LLC Partnership Sole Proprietorship

List the Names of the Principal(s) of the Organization:

Business/Property Owner Certification: I certify that I do not hold title in whole or in part to any real, motor vehicle or personal property located in the Town of Berlin other than that which is listed below:

	TO BE COMPLETED BY TAX COLLECTOR			
	Are taxes current? Yes / No	Amount Delinquent	Number of tax years delinquent	Is there a repayment Yes / No
Address: Real Property				
Motor Vehicle				
Personal Property (Include latest filed declaration form)				

Additional comments:

Tax Department Signature _____ Date _____

 Authorized signature

 Title _____ Date _____