

# Clarksburg Urban Renewal Authority

## FAÇADE IMPROVEMENT GRANT APPLICATION

THIS APPLICATION shall be completed and returned with supporting documentation to the Code Enforcement Office, City of Clarksburg, Municipal Building, 222 West Main Street, Clarksburg, WV 26301. Incomplete applications will not be considered.

DATE OF APPLICATION: [Click here to enter text.](#)

### APPLICANT'S INFORMATION:

**(If applicant is not the property owner, written consent from the owner for the proposed façade improvements shall be attached to the application before it will be considered.)**

[Click here to enter text.](#)

APPLICANT LEGAL NAME: \_\_\_\_\_

TYPE OF ENTITY:  Sole Proprietorship  Partnership Corporation  LLC  Other  
 Non-profit (Attach copy of IRS Determination Letter)

ATTACH COPY OF CITY OF CLARKSBURG BUSINESS LICENSE, WEST VIRGINIA BUSINESS REGISTRATION CERTIFICATE, AND CERTIFICATE FROM WEST VIRGINIA SECRETARY OF STATE OFFICE, IF APPLICABLE

STREET: [Click here to enter text.](#)

P.O. BOX: [Click here to enter text.](#)

CITY: [Click here to enter text.](#) STATE: [Click here to enter text.](#) ZIP: [Click here to enter text.](#)

TELEPHONE #: [Click here to enter text.](#) CELL PHONE #: [Click here to enter text.](#)

Owner  Tenant

PROPERTY OWNER LEGAL NAME: (If different than applicant): [Click here to enter text.](#)

STREET: [Click here to enter text.](#)

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P.O. BOX: [Click here to enter text.](#)

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CITY: [Click here to enter text.](#) STATE: [Click here to enter text.](#) ZIP: [Click here to enter text.](#)

TELEPHONE #: Click here to enter text. CELL PHONE #: Click here to enter text.

**LOCATION OF PROPERTY TO BE IMPROVED:**

Click here to enter text.

Click here to enter text.

**PRINCIPAL BUSINESS ACTIVITY / CURRENT USE OF SITE:**

Click here to enter text.

Click here to enter text.

**DETAILED DESCRIPTION OF PROPOSED PROJECT:**

Click here to enter text.

ESTIMATED PROJECT COST: \$ \_\_\_\_\_

(Applicant must submit **at least one (1)** written cost estimate for project.)

PLEASE INCLUDE PHOTOS OF ALL AREAS OF THE BUILDING TO BE IMPROVED.

## PROPERTY OWNER'S STATEMENT

PROPERTY OWNER'S NAME (If different from applicant) AS IT APPEARS ON DEED:

[Click here to enter text.](#)

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OWNER'S ADDRESS:

[Click here to enter text.](#)

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[Click here to enter text.](#)

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OWNER'S PHONE NUMBER: [Click here to enter text.](#)

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I, hereby, acknowledge that I am the legal owner of the property named in this application and located at

[Click here to enter text.](#)

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I further acknowledge that the tenant (applicant's name) [Click here to enter text.](#)

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has my permission to make the changes to my property as described in this application to the Clarksburg Façade Improvement Program.

Additional Information (if needed):

[Click here to enter text.](#)

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Owner's name (print)

Owner's signature

[Click here to enter text.](#)

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Date

**PROJECT FINANCING:**

1) TOTAL PROJECT COST ESTIMATE \$

2) URA GRANT AMOUNT REQUESTED \$  
(No more than 80% of project cost to a maximum amount of \$2,000.00)

APPLICANT’S CONTRIBUTION (at least 20% of project cost) \$  
(Line 2 minus line 1)

ESTIMATED START DATE FOR PROJECT: [Click here to enter text.](#) \_\_\_\_\_

ESTIMATED COMPLETION DATE FOR PROJECT: [Click here to enter text.](#) \_\_\_\_\_

**(All projects must be completed within 90 days from date of approval)**

**No application will be considered if the applicant is delinquent in payment of City Business & Occupation taxes – Fire Service Fees – or other fees due to the City and if the applicant does not have a valid/current City business license.** The undersigned also understands that the applicant must provide all information requested by the Clarksburg Urban Renewal Authority to determine eligibility for participation in the Façade Program. It is understood that submission of this application does not guarantee approval of the façade grant.

[Click here to enter text.](#)

[Click here to enter text.](#)

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Applicant Name (Print)

Applicant’s Signature

Dear Façade Improvement Grant Applicant:

The Clarksburg Urban Renewal Authority is pleased that you have decided to apply for the Façade Improvement Grant Program. In order for the members of this committee to become better acquainted with your request, it is very important that you completely fill out this application. **If it is not complete, this application will be returned to you for further needed information before being submitted to the Urban Renewal Authority for grant consideration.**

**BEFORE YOU SUBMIT YOUR APPLICATION, HAVE YOU:**

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- 1. COMPLETELY ANSWERED ALL QUESTIONS AND SUPPLIED NECESSARY FINANCIAL INFORMATION?**
  - 2. INCLUDED A COLOR PICTURE OF THE PROPERTY TO BE IMPROVED?**
  - 3. INCLUDED THE COMPLETED FORM OF THE PROPERTY OWNER (if needed)?**
  - 4. INCLUDED WRITTEN ESTIMATE(S) OF WORK TO BE COMPLETED?**
  - 5. INCLUDED A COPY OF YOUR CLARKSBURG BUSINESS LICENSE?**
  - 6. SIGNED AND DATED APPLICATION FORM?**

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**THANK YOU SO MUCH FOR YOUR INTEREST IN CLARKSBURG'S FAÇADE PROGRAM.**