

# Façade Improvement Program Application

Planning & Development Department  
 619 16<sup>th</sup> Street  
 Moline, IL 61265  
 (309) 524-2035



Please review and complete this application in its entirety. Incomplete applications will not be accepted or processed.

**General Information**

\_\_\_\_\_  
 Applicant Name

\_\_\_\_\_  
 Date of Request

\_\_\_\_\_  
 Home Address (Street, City, State, Zip Code)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Business name (if applicable)

\_\_\_\_\_  
 Business or Alternate Phone

\_\_\_\_\_  
 Project Address

\_\_\_\_\_  
 Email

**Please Select One:**

- Tenant
- Building Owner

**Please Select One:**

- Storefront Restoration Grant
- Traditional Façade Improvement Program

**Description of Façade Improvements**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bid/Estimate Submittal** - For each Description of Work, please indicate your bid preference

Description of work: \_\_\_\_\_

Bid #1

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Bid #2

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Description of work: \_\_\_\_\_

Bid #1

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Bid #2

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Description of work: \_\_\_\_\_

Bid #1

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Bid #2

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Description of work: \_\_\_\_\_

Bid #1

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

Bid #2

Submitted by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Preferred: \_\_\_ Yes \_\_\_ No

**Design Consultant Fee:** \$ \_\_\_\_\_

**Total Amount of Preferred Bid:** \$ \_\_\_\_\_

**Checklist** – application must be completed in full with supporting documents attached for application to be processed and considered

- Current photos of the Building and Adjacent Properties
- Sketch, Elevation, or Rendering of Proposed Façade (showing dimensions, colors, materials, etc.)
- Copies of all bid estimates (two estimates required for each description of work)
- Proof taxes are up-to-date on property

For Owners other than an individual:

- Articles of Incorporation
- Corporate Resolution authorizing the entity to participate in the program

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**Building Owner Consent**

Building Owner Name: \_\_\_\_\_

Building Owner Mailing Address: \_\_\_\_\_

Building Owner Phone Number: \_\_\_\_\_

*As the legal owner of the property mentioned above, I hereby grant authorization to complete the improvements as indicated on this application, if approved. I also stipulate that I have read the entire application and checklist requirements. I understand my responsibilities and obligations as the building owner under this application.*

\_\_\_\_\_  
Building Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

<p><b>Office Use:</b></p> <p>Date Received: _____</p> <p>Eligible Meeting Date: _____</p> <p>Verification of Ownership: _____</p>
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