

**DELHI TOWNSHIP DOWNTOWN DEVELOPMENT AUTHORITY
COMMERCIAL REHABILITATION REBATE PROGRAM
APPLICATION**

1. Name of Applicant:

2. Name of Business:

3. Project Address:

4. Mailing Address:

(complete only if different from #3)

5. Telephone Number: _____ Fax
Number: _____

6. Tax ID # (required for 1099 reporting)

(Please attach a copy of company W-9).

7. Brief Project Description:

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Please read the CRRP guidelines before completing this section.

8. The project will involve: (check appropriate responses and fill in amount)

Any (astericked (*) items please refer to program guidelines

Building exterior - Front: ____ Sides: ____ Rear (*): ____ Roof: (*): ____

Landscaping improvements: ____ Parking lot improvements (*): ____

Provide itemized costs for each:

- a. Awnings: \$ _____
- b. Demolition (*): \$ _____
- c. Doors, doorways, entrances: \$ _____
- d. Dumpster enclosure: \$ _____
- e. Exterior siding & surfaces: \$ _____
- f. Facade: \$ _____
- g. Fencing: \$ _____

h. Handicap Accessibility \$ _____

 i. Landscaping (*): \$ _____

j. Painting: \$ _____

 k. Parking lot – new pavement (*): \$ _____

 l. Roof repairs (*): \$ _____

 m. Security Improvements: \$ _____

n. Signage: \$ _____

 o. Walkways: \$ _____

 p. Window replacement (*): \$ _____

 q. Alternative energy devices (*): \$ _____

9. Total Project Cost: \$ _____

10. Architectural design fees (to a maximum of \$1,000) \$ _____

11. Landscape design fees (to a maximum of \$1,000)

\$ _____

12. Attachments: Design plans _____ 2 estimates _____ current photo _____

13. Construction date: _____ Completion date: _____

14. Type of financing: _____

If a lending institution is involved, please indicate which bank and provide name of Loan officer and telephone number:

The undersigned applicant affirms that:

- A. The information submitted herein is true and accurate to the best of my knowledge.
- B. I have read and understood the conditions of the Downtown Development Authority Commercial Rehabilitation Rebate Program and agree to abide by its conditions and guidelines.

Signature of Applicant:

Date: _____

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