



One City Hall Plaza, Ellsworth, Maine 04605

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# Façade Improvements Program Application Form

<http://www.cityofellsworthme.org/planning/cdbg/index.htm>

**Application Deadline is May 5, 2011**

## I. APPLICANT INFORMATION

1. Applicant's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
2. Business Organization of Applicant: (Please check one)  
Corporation (d/b/a) \_\_\_\_\_  
Partnership \_\_\_\_\_  
Sole Proprietorship \_\_\_\_\_
3. Owner(s) and Officer(s) in Applicant's Business Organization  

Name and Address	Position
_____	_____
_____	_____
4. Relationship of Applicant to the building to be renovated under Façade Improvement Program:  
Owner: \_\_\_\_\_  
Tenant: \_\_\_\_\_ ; if yes please  
  - a) Attach terms, length, and expiration date of present lease, and
  - b) Attach written permission from building owner to participate in Façade Program
5. Have all City of Ellsworth taxes levied on the building and property described in this application been paid to date? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. PROPOSED PROJECT INFORMATION**

1. Description of Building to be rehabilitated:

Street Address: \_\_\_\_\_

Building Dimensions:

Front: \_\_\_\_\_ feet

Depth: \_\_\_\_\_ feet

Height: \_\_\_\_\_ feet

2. Is this a multi-unit building? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many units will be affected? \_\_\_\_\_ units

3. Does the building contain residential units? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will the residential portion of the building be rehabilitated? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the scope of the work proposed for the Façade Improvement Program.

2. Please be as specific as possible.

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

**III. CERTIFICATION**

The undersigned hereby certifies to the best of his/her knowledge that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the City of Ellsworth's Façade Improvement Committee of any changes in the proposed project which may occur.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Commercial Tenant (if Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\*Social Security Number

\*DUNS #

\*Tax ID Number

- **To be provided only if project is awarded funds**

