



City of Berlin TID # 15

Façade Improvement Program Application

Applicant Information:

Name(s): _____

Phone # (cell): _____ (home): _____ (work): _____

Residential Address (street, city, state, zip): _____

Email: _____

Business Information:

Business Name: _____

Business Address: _____

Business Phone #: _____

Type of Business: _____

Check One: _____ Individual _____ Partnership _____ Corporation

Name of Partners/Corporate Officers: _____

Property Owner:

Check if the same as Applicant

Name(s): _____

Phone # (cell): _____ (home): _____ (work): _____

Residential Address (street, city, state, zip): _____

Email: _____

Project Information:

Description of proposed project (attach photographs, project plans or drawings):

How does this project meet the purpose/mission of the Façade Improvement Project:

Estimated start date: _____ Estimated completion date: _____

Project Budget:

Total Cost:

Total Cost requesting from façade program:

Source of other funding:

Applicant(s) signature(s):

Date:

.....**For Office Use Only**.....

Date received in Clerk's Office: _____

Received by: _____

Date of Next CC meeting: _____