

**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) _____
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7. Brief Project Description:

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. Alternative energy devices: \$ _____

b. Awnings: \$ _____

c. Demolition (*): \$ _____

d. Doors, doorways, entrances: \$ _____

e. Dumpster enclosure: \$ _____

f. Exterior siding & surfaces: \$ _____

g. Facade: \$ _____

h. Fencing: \$ _____

i. Handicap Accessibility \$ _____

- l. Landscaping (*): \$ _____
- k. Painting: \$ _____
- l. Parking lot – new pavement (*): \$ _____
- m. Roof repairs (*): \$ _____
- n. Security Improvements: \$ _____
- o. Signage: \$ _____
- p. Walkways: \$ _____
- q. Window replacement (*): \$ _____
- 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: _____