

# **TOWN OF NORRIDGEWOCK**

## **FAÇADE IMPROVEMENT PROGRAM APPLICATION**

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Property Map/Lot \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_

Phone, Contact \_\_\_\_\_

Email, Contact \_\_\_\_\_

*If different from Applicant, please provide Property Owner information*

Name of Property Owner(s) \_\_\_\_\_

Mailing Address, Owner(s) \_\_\_\_\_

Phone, Owner(s) \_\_\_\_\_

Proposed Project Start Date \_\_\_\_\_

Proposed Completion Date \_\_\_\_\_

Cost Estimates (attach sheets, as needed) \_\_\_\_\_

Description of Proposed Improvements, Plans/Specifications (attach sheets, as needed):

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Description of project's significance and contribution to the Town's revitalization (attach sheets, as needed):

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**STATEMENTS RELATED TO PROPERTY (MAP \_\_\_\_, LOT \_\_\_\_\_)**

**Statement of Code Enforcement Officer**

I, the undersigned Code Enforcement Office of the Town of Norridgewock, declare there to be no known pending or active code enforcement actions on the property listed above.

\_\_\_\_\_  
Code Enforcement Officer

\_\_\_\_\_  
Date

**Statement of Tax Collector**

I, the undersigned (Deputy) Tax Collector of the Town of Norridgewock, certify that all applicable property taxes and personal property taxes have been paid on the property listed above.

\_\_\_\_\_  
(Deputy) Tax Collector

\_\_\_\_\_  
Date

**Statement of Sewer Administrator**

I, the undersigned Sewer Administrator of the Town of Norridgewock, certify that all applicable municipal utility commitments have been paid on the property listed above.

\_\_\_\_\_  
Sewer Administrator

\_\_\_\_\_  
Date

**Statement of Town Manager**

I, the undersigned Town Manager or designee of the Town of Norridgewock, certify neither the Applicant(s) nor Property Owner(s) are indebted to the Town in any way.

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date

**Statement of Applicant**

I have reviewed the Town of Norridgewock Façade Improvement Program Guidelines and am submitting this application for funding assistance. I understand the content of the Guidelines and this application is compliant, to the best of my knowledge.

I understand that if approved, the program is responsible for reimbursing expenses associated with the approved project. The reimbursement amount shall not be less than \$1,500 and not exceed \$25,000 per property. The reimbursement shall not exceed one half of the total qualified, approved expenses. The reimbursement grant will not pay for any expenditure that exceeds the approved amount on any project.

The information contained in this application is accurate and true to the best of my knowledge.

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Signature of Applicant/Authorized Representative

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Date

## APPLICATION CHECKLIST

- ☐ Designation of one primary contact person [§7-B(2)]
- ☐ Certification of no pending code enforcement actions [§7-B(3)]
- ☐ Certification of all taxes paid current [§7-B(3-4)]
- ☐ Certification of no judgment liens against the property [§7-B(3)]
- ☐ Certification that Applicant is not indebted to the Town [§7-B(4)]
- ☐ Right to title, interest of Eligible Property [§7-B(5)]
- ☐ Written permission from effected parties, if necessary [§5-B(5)]
- ☐ Signed statement from each lienholder of Eligible Property that Applicant is current on all indebtedness that does or could impact the value or ownership of the Eligible Property [§7-B(5)]
- ☐ Description of proposed improvements and plans/specifications for the same [§7-B(6)]
- ☐ Proposed start and completion date of project[§7-B(7)]
- ☐ Description of the project's significance and contribution to the Town's revitalization [§7-B(8)]
- ☐ Cost estimate for the project [§7-B(9)]
- ☐ Proof of sufficient insurance coverage for the building [§8-H]

*Add pages where necessary to provide full information in completing this application.*

**INTERNAL USE ONLY**

Date/Time Received: \_\_\_\_\_ Clerk: \_\_\_\_\_

**REVIEW FOR APPLICATION COMPLETION**

Date: \_\_\_\_\_ (circle one) Complete Incomplete

**TIF COMMITTEE**

Meeting Date/Time: \_\_\_\_\_

Recommendation: (circle one) Approved Denied

Recommended Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chair or Designated Agent

\_\_\_\_\_  
Date

**SELECT BOARD**

Meeting Date/Time: \_\_\_\_\_

Determination: (circle one) Approved Denied

Terms/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chair or Designated Agent

\_\_\_\_\_  
Date