



SMALL BUSINESS FAÇADE, SITE IMPROVEMENT AND ADAPTIVE REUSE PROGRAM

APPLICATION CHECKLIST

All items on the checklist are required to submit your application. Incomplete applications cannot be accepted.

PLEASE SUBMIT TWO (2) COMPLETE SETS OF THE APPLICATION AND RELATED DOCUMENTS

_____ Original Application (Including Project Description and Application Signature pages)

_____ Color photographs of all building walls that can be seen from the street (Photos must be 8"x10" or larger, must show the entire building façade in each photo, and must clearly indicate existing façade details.)

_____ Owner's Affidavit (Must be completed, signed, and notarized)

_____ Current Site Survey

_____ Building Permit Number (if applicable)

THIS APPLICATION MUST BE SUBMITTED TO THE TOWN OF EATONVILLE COMMUNITY REDEVELOPMENT AGENCY AND APPROVED BY THE TOWN OF EATONVILLE COMMUNITY REDEVELOPMENT AGENCY BOARD PRIOR TO THE COMMENCEMENT OF ANY WORK SOUGHT TO BE REIMBURSED UNDER THE PROGRAM

SMALL BUSINESS FACADE, SITE IMPROVEMENT AND ADAPTIVE REUSE PROGRAM APPLICATION

APPLICANT INFORMATION

Applicant: _____

Property Owner: _____

Business Owner/Property Owner(s): _____

Project Address: _____

Business Name (as filed with State of FL): _____

Business Mailing Address: _____

Phone number: _____

Email: _____

PROPERTY INFORMATION:

Parcel ID Number: _____

Town of Eatonville City Planning/Zoning: _____

Multi-tenant Building: ___ Yes ___ No

BUSINESS OWNER APPLICANTS ONLY:

Number of existing/proposed new employees: _____ Existing _____ New

Annual sales/Gross receipts (actual or proposed): _____

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PROJECT DESCRIPTION (A minimum of 3 different items must be proposed)

1. Façade Improvement Costs \$ _____

2. Life Safety Improvement Costs \$ _____

3. Mechanical/Electrical/Plumbing Costs \$ _____

4. Total Project Cost \$ _____

5. Total Program Funding Requested \$ _____

6. Applicant's Funding \$ _____

Maximum funding for Façade & Site Improvements = \$10,000

Maximum funding for Life Safety & MEP Improvements = \$20,000 (Business Owner)

Maximum funding for combination of Façade, Site Improvements & Life Safety & MEP Improvements = \$30,000

Have you received any funding assistance from the Town of Eatonville to date? _____

If yes, please provide program name(s), dates and amounts awarded: _____

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APPLICATION SIGNATURE

The Applicant, _____, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by Town of Eatonville Community Redevelopment Agency (TOECRA) Staff and the Façade Review Committee is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application. The TOECRA maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Small Business Façade, Site Improvement and Adaptive Reuse Program, the Applicant agrees that it will enter into a Funding Agreement with the Town of Eatonville Community Redevelopment Agency with terms relating to, among other things, the TOECRA's right to receive re- payment of program funds, the TOECRA's right to review and audit any and all records related to the Agreement, and the TOECRA's payment of program funds only upon completion of the project as approved. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of distributed funds.

By signing below, the Applicant authorizes the Town of Eatonville Community Redevelopment Agency to request criminal background checks from local, state, and federal agencies. Please note that a criminal background check is conducted on every applicant and that review of this application is contingent upon satisfactory completion of a criminal background check.

By signing below, the Applicant/Property Owner acknowledges that they have read and agree to the Small Business Façade Program policies, procedures, and conditions.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

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EXHIBIT B - OWNER'S AFFIDAVIT OF CONSENT
STATE OF FLORIDA
COUNTY OF ORANGE

Before me, the undersigned authority, this day personally appeared

Who, duly sworn, upon oath, deposes and says:

1. That they are the duly authorized representative of owner requesting approval of façade grant for the property described below.
2. That all owners that they represent have given their full and complete permission for them to act on their half for the above-stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses, and legal descriptions for the real property, of which they are the owner of representative.
4. That I acknowledge the applicant's request for funding to make alterations to the property and understand that recommendations may be made by the TOE's Historic Preservation Board, and TOE Planning in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature _____

PROPERTY DESCRIPTION

PROPERTY ADDRESS

Sworn to and subscribed before me

This _____ day of _____ 20____

Notary Public, State of Florida at Large
My Commission Expires: