

Gladstone

DOWNTOWN DEVELOPMENT AUTHORITY

2025 Façade Grant Application

APPLICANT INFORMATION

Applicant Name TAMARA FORBES

Address 116 TRUSCOTT ST City Regaune

State Michigan Zip Code 49866

Email TAMARA.FORBES58@yahoo Phone Number 906-869-0976
Don't use - Good

What is your legal form of ownership?

- Cooperative Partnership Profit Corporation Sole Proprietor

What is the current status of ownership?

- Conventional Mortgage Free Title Ownership Land Contract Other: _____

PROPERTY INFORMATION

Business Name TAMARACKS Walnut Shop Tax ID Number TR2414301

Property Address 813 DELTA AVE City Gladstone

State Michigan Zip Code 49837

Email N/A Phone Number 906-869-0976

Assessed Value of the Property 62,800 What year was the original structure build? 1945

Type of Business?

- Manufacturing Restaurant Retail Service Other: ANTIQUE STORE

What is the primary use of the property?

Business Personal

Is the property located within the DDA District?

Yes No

Is the property used as a rental?

Yes No *up stairs*

Have you received façade grant funding in the last five years?

Yes No

Are all property taxes paid to date?

Yes No

Are all utilities paid to date?

Yes No

PROJECT INFORMATION

Estimated Total Project Cost 33,250 Estimated Façade Cost _____

Please describe the project in its entirety, including components of the project that fall outside of the scope of the façade. (No more than 1000 words).

it new entrance to store roughly 60 sqft @ 14,800
 Re-seal windows to Rental - upper level - 2,000
 New Fascia and soffitt roughly 60 sqft @ 1,800
 Demo existing entrance @ 4,500
 Power Wash upper walls roughly 150 sqft @ 1,000
 Patch sidewalk between businesses
 Roughly 150 sqft @ 10,150

Please describe the material specifications needed to complete the façade work. (No more than 1000 words).

New Sherwin Williams Paint	New entrance door
Metal Studs	New soffitt panels
Drywall	New Fascia
Flooring (Carpet Tile)	New Vinyl siding
Electrical - Lighting in entrance	

Please include each of the following items enclosed with your application.

- ✓ Picture of the existing façade.
- ✓ Any drawings or pictures of the work to be completed.
- ✓ Cost estimates you've received from contractor bids.
- ✓ If required, proof of your contractor's insurance.
- ✓ Proof of your insurance.

DATA PRIVACY STATEMENT

All information you provide about you and your business is considered private data.

The information collected from you or from other agencies or individuals (authorized by you) is used to determine your eligibility for the DDA facade program. We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared with include:

- The local DDA board members who approve all applications.
- Staff who are involved in the program administration.
- Auditors who perform required audits of our city programs.
- Law enforcement personnel in the case of suspected fraud.
- Building and/or other inspectors as required by State Building Code and/or state regulation.

Under Michigan's Freedom of Information Act, individuals or organizations have the right to receive the names, addresses and amount of assistance provided to the individuals under the program. However, they are not entitled to see private information about you or proprietary information regarding your business.

By signing and submitting this application, you agree to the statement below:

- To the best of my knowledge, the information on this application is accurate and true.
- I give permission to this agency to verify my eligibility, confirm the information provided and share necessary private data with the local DDA board members, auditors, and program staff. I understand that I could be prosecuted for fraud and perjury if I knowingly provided false information.

Applicant Name

TAMARA FORBES

Applicant Signature

Jamara Forbes

Date