



**Commercial Façade
Improvement Application
For 2024**

3814 Harrison Avenue
Cheviot, OH 45211
513.621.2700

Completed application must be received at Cheviot City Hall by 4:00 PM on September 5.

	Please answer all questions, and print in clear, legible block letters	<i>To be filled in by City</i>
Date of Application		
Property Address		
Business Name		
Applicant's Name		
Applicant's Address		
Applicant's Phone #		
Applicant's Email		
If property owner is not the applicant: Name Mailing Address Phone # Email		
Applicant's W9 – Taxpayer ID #	<i>Confirm if corporation (d/b/a), partnership or sole proprietorship</i>	
Summary of Proposed Improvements		
Estimated cost of improvements		
Contractor's Name and Tax ID # <i>Attach contractor estimate for work</i>		
Indicate both actual amount and percent of this budget that applicant is requesting payment for.	Total Project Budget: \$ _____ 60% of Total Project Budget: \$ _____ <i>Note: This is the grant reimbursement request from the County</i> 40% of Total Project Budget: \$ _____ <i>Note: This is Applicant's Cost Commitment</i>	

Attach certified bank letter to verify fund availability		
Is this grant request a partial cost of additional façade improvements?	If yes, specify total overall improvement budget \$ _____ <i>Note: include the Total Project Budget above</i> If yes, attach a summary of additional improvements and costs	

Certification – Verification:

Property Owner:

I (print name), _____ am the lawful property owner of _____, and do hereby recognize and accept that a Façade Improvement Grant Program application is being made for my above-noted property, and that I have no objections to this application, or the proposed physical changes and improvements being made to my property noted above, by the applicant.

Signature:	Date:
-------------------	--------------

STATE OF OHIO)
)
 COUNTY OF HAMILTON)

The foregoing instrument was acknowledged before me this ____ day of _____, 202__, by: _____, the lawful property owner(s) for _____, located within the City of Cheviot, Ohio.

Notary Public:

My Commission Expires:

Certification – Verification:

Applicant:

I (print name), _____, do hereby make application to the City of Cheviot’s Façade Improvement Grant Program, with full knowledge that there is no expectation that this application may be approved, and that I may not be awarded any reimbursement grant for work proposed or done to the subject property.

If I am deemed as satisfying the program's criteria, I will be expected to fully contribute and pay for a minimum of twenty percent (20%) contribution for the specified improvements through my own personal financial resources.

I, (Print Name) _____, being the lawful property owner, do affirm, under the penalty of perjury and falsification to authorities under Ohio Revised Code sections 2921.11 and 2921.13, that the above information and statements are accurate, correct and true, and that I recognize that I am responsible for fulfilling the criteria, requirements, and written agreement for this program.

Signature:	Date:
-------------------	--------------

STATE OF OHIO)
)
COUNTY OF HAMILTON)

The foregoing instrument was acknowledged before me this ____ day of _____, 202__, by: _____, the lawful property owner(s) for _____, located within the City of Cheviot, Ohio.