

201 High Street, Suite 2 Morgantown, WV 26505 (304)292-0168 fax (304)292-4699 director@downtownmorgantown.com

## Façade renovation Low interest loan pool

## Loan Application

This application must be completed and returned to Main Street Morgantown, 201 High Street, Suite 2 Morgantown, WV 26505. Incomplete applications will not be considered and will be returned to the applicant.

<u>Please respond to each item below in detail.</u> A photograph of the existing building must be attached. Please provide paint chips for proposed color changes, sketches of new additions or changes to style or design of façade and catalogue pages for details, fixtures, or materials. The Review Committee must have a clear idea of the proposed improvements. Please call on the Main Street Executive Director for advice or clarification of proposals. Only one Façade Grant per business.

b) Street address of the proposed rehabilitation project::  c) Name, address, and telephone number of the contact person for this project::  d) Name and address of property owner:	Describe proposed changes in detail: (use an extra sheet if necessary)
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Name, address, and telephone number of the contact person for this project::  d) Name and address of property owner:	2. (a) Name and address of applicant::
d) Name and address of property owner:	(b) Street address of the proposed rehabilitation project::
	(c) Name, address, and telephone number of the contact person for this project::
. (a) Name of participating financial institution you will be using:	(d) Name and address of property owner:
. (a) Name of participating financial institution you will be using:	
	3. (a) Name of participating financial institution you will be using:

(b) Name of contractor (if any) perfor	ming the work:
I.	, fully understand the special conditions and requirements set fort
in this program and agree to follow Ma	fully understand the special conditions and requirements set fort in Street Morgantown Design Guidelines to insure sensitive rehabilitation of this property.
	Signature of Borrower
IF APPLICANT IS NOT THE PROPER	TY OWNER, BELOW SECTION <b>MUST BE SIGNED.</b>
Ι,	, own the proposed building and have given my tenant
	permission to complete the proposed rehabilitation project. I full requirements set forth in this program.
understand the special conditions and r	requirements set forth in this program.
	Property Owner Signature
	For office use only
	Date Received: File Approved:
	Any pertaining info: