



Retro Feel. Timeless Appeal.

Grant Improvement Program Application

Applicant: _____	
Property Owner(s): _____	
Applicant Address: _____	
Telephone: _____	
Email address for correspondence: _____	
Project Physical Address: _____	
Name of Business: _____	
Project Start Date: _____	Completion Date: _____
Project Description: _____	

Contractor & Contact Info: _____	
Total Cost of Project (attach contractor's bid):	\$ _____
Amount Requested:	\$ _____
Does applicant(s) own the building premises?	_____ Yes _____ No *
*If applicant does not own the building, attach a letter from the owner expressing approval of the application for funds dealing with the improvements to the building premises.	

**Allen Park Downtown Development Authority
Grant Improvement Program
Application**

The undersigned applicant / owner(s) affirm that:

- Work completed prior to grant approval is not eligible for funding.
- The project will be completed within six (6) months of approval
- I/We have read and understand the conditions of the grant program and agree to abide by its conditions and guidelines.
- I/We acknowledge that the program requires that the project must meet current building and fire code requirements of the City of Allen Park.
- All required permits are the responsibility of the owner/applicant.
- I/We acknowledge that I/we will be required to sign an easement to the City of Allen Park as part of my/our participation in the improvement program.
- The information submitted herein is true and accurate to the best of my/our knowledge.

Signed: _____
Property Owner(s) Date

Signed: _____
Applicant Date

Send all materials to: Downtown Development Authority, City of Allen Park, 6543 Allen Road, Allen Park, Michigan 48101, Tel. (313) 928-0940, Fax (313) 928-0955 or email: mdonofrio@cityofallenpark.org

FOR DDA USE ONLY	
BOARD OF DIRECTORS ACTION:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
DATE APPROVED:	_____ GRANT #: _____
AMOUNT APPROVED:	_____
REASONS DENIED:	_____
THREE (3) MONTHS OF APPROVAL:	_____ SIX (6) MONTHS: _____
FINAL INSPECTION DATE:	_____
NOTES/APPLICATION AMENDMENTS:	_____
RECEIVED:	
ITEMIZED LIST OF COSTS:	PROOF OF LIABILITY INSURANCE: _____
CITY CLEARANCE:	PAID INVOICES/CANCELED CHECKS: _____
WAIVERS OF LIENS:	PREMISES INSPECTED: _____
IRS FORM W-9:	EASEMENT AGREEMENT/MEMORANDUM: _____