

Please complete the information below

Part A: The Property

1. Address of property to be improved

2. Owner of property and contact information

Name

Address

Phone

 Email

3. Is the property vacant? Yes No

4. Is the owner living at the property currently? Yes No

5. Provide exterior photos of building and the street view (block) where it is located.

Part B: The Project

6. Describe the planned improvements that are part of project being applied for in this façade improvement grant.

7. Provide photo(s) of specific area(s) to be improved, along with sample of materials, graphic details, rendering or site plans if applicable.

8. Provide and attach written, good faith, itemized quotes for the described planned improvements from qualified entities. Labor and materials costs must be separated. Identify preferred vendor(s) to complete the work. Please explain rationale if a vendor is chosen with a higher quote. Labor completed by the applicant is not reimbursable however materials only will be reimbursed at the appropriate percentage. SELECTED VENDOR(S):

9. If any, describe other improvements made to the structure as part of a larger renovation of which this project is a part.

10. If relevant, provide total project cost for the larger renovation.

Part C: Local approvals

11. Include letter(s) or approval(s) from relevant local authorities (Planning Commission, Health Dept.) stating proposed project meets local codes, etc. if necessary. Please attach.

12. Complete MD Historical Trust form, see link below. Print and please attach.

https://mht.maryland.gov/documents/PDF/projectreview/Compliance_Forms_Projectreview.pdf

13. Applicant agrees to obtain all necessary permits prior to commencement of work and to complete work according to the Town Building Codes. Upon approval, applicant must begin work within 90 days, have work completed within 180 days, and submit paid receipts within 45 days of completion.

Please refer to Application Steps and Guidelines documents to assure this is completed accurately.

Name of person completing this form: _____

Signature: _____ Date: _____

Return completed application packet to:
Town of Hillsboro PO Box 128, Hillsboro, MD 21641
Questions: 410-364-7022 or info@hillsboromd.com

Name of person accepting application: _____

Signature: _____ Date: _____