

# FAÇADE IMPROVEMENT PROGRAM APPLICATION

**Instructions:** Complete all items carefully and accurately to the best of your knowledge and return to:

**CITY OF HARTFORD  
DEVELOPMENT SERVICES  
PLANNING DIVISION  
ATTENTION: KENNETH C. ANDERSON  
250 CONSTITUTION PLAZA, 4<sup>TH</sup> FLOOR  
HARTFORD, CONNECTICUT 06103-1822  
(860) 757-9041**

## I. OWNER INFORMATION

Property Owner(s) Name (Titleholder): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

## II. PROPERTY INFORMATION

Address of Subject Property: \_\_\_\_\_  
\_\_\_\_\_

Description of Subject Property

▪ Number of Floors: \_\_\_\_\_

▪ Number and Type of Commercial Uses: \_\_\_\_\_  
\_\_\_\_\_

Name of Business(es) and Business Owner(s) or Merchants(s):  
\_\_\_\_\_  
\_\_\_\_\_

Number of Residential Units, if applicable: \_\_\_\_\_

Type of Construction (e.g. brick, wood, etc.): \_\_\_\_\_

Total Amount of Outstanding Loans on Subject Property: \_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAÇADE APPLICATION FORM**

**FAÇADE IMPROVEMENT(S) REQUEST**

Give a general description of the type of improvement(s) being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information in this application is true and I agree to participate in the Façade Improvement Program.**

\_\_\_\_\_  
**Owner(s) Signature (Must be Notarized)**

\_\_\_\_\_  
**Date**

State of

Country of

Subscribed and sworn to before me this

day of

2000

Notary Public

My Commission Expires:

**ADDITIONAL DOCUMENTATION**

Please submit the following items along with the application form:

- Copy of deed and mortgage documents for subject property.
- Complete the attached Tax Affidavit showing that all City taxes due on all property owned by the same owner and return to me.
- Copy of Certificate of Property Insurance on subject property. (Evidence of Property Insurance).
- Copy of lease(s) between owner and merchant(s) or business person(s), if applicable.

**TO BE DETERMINED LATER**

- Evidence of pre-qualification from a Banking/Financial Institution authorizing payment of up to 35% of the total cost of construction as required by the Façade Improvement Program.
- At the time of closing, the property owner(s) shall provide \$ \_\_\_\_\_, made payable to the City of Hartford.

**FACADE IMPROVEMENT  
TAX PAYMENT VERIFICATION**

Name of Business/Property Owner: \_\_\_\_\_

**Form of Business:** \_\_\_\_\_ Sale Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

List the Names of the Principal(s) of the Organization: \_\_\_\_\_

***Business/Property Owner Certification:*** I certify that I do not hold title in whole or in part to any real, motor vehicles or personal property located in the City of Hartford other than that which is listed below:

ADDRESS: REAL PROPERTY	TO BE COMPLETED BY TAX COLLECTOR					
	ARE TAXES CURRENT		AMOUNT DELINQUENT	NUMBER OF TAX YEARS DELINQUENT	IS THERE A REPAYMENT AGREEMENT	
	YES	NO			YES	NO
_____			\$ _____	_____		
_____			\$ _____	_____		
_____			\$ _____	_____		
<b>MOTOR VEHICLE</b>						
_____			\$ _____	_____		
_____			\$ _____	_____		
_____			\$ _____	_____		
<b>PERSONAL PROPERTY (Include Latest Filed Declaration Form)</b>						
_____			\$ _____	_____		
_____			\$ _____	_____		
_____			\$ _____	_____		
_____	<b>Additional Comments:</b> _____					
<b>AUTHORIZED SIGNATURE</b>	_____					
<b>TITLE</b>	_____					
<b>DATE</b>	<b>Signature</b>			<b>Date</b>		