

**Our Town Cooperative Main Street Program**  
Façade Improvements Grant Program Application

Date: \_\_\_\_\_

**Property Owner Application**

Property Address: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Owner(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**Tenant Application**

Tenant Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**Signatures:**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Tenant

**Please enclose the following with completed, signed application:**

- Ownership verification
- Property Insurance verification
- Property and/or Revenue Tax Payment verification
- Copy of Lease(s), if applicable
- Color photographs of existing façade.
- Written detail of work plan, including time frames.

**Return completed application to:**

Main Street Manager  
Our Town Cooperative  
134 N. Jefferson Avenue  
Canonsburg, PA 15317

**Façade Improvements Grant Program, Page 2**

**Please describe the type of restoration/rehabilitation work planned:**

Design: \_\_\_\_\_

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Façade: \_\_\_\_\_

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Awning or Overhang: \_\_\_\_\_

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Signage: \_\_\_\_\_

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

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## Façade Improvements Grant Program, Page 4

### Conditions

- 1 All proposed improvements must be approved by the Design Review Board of the Our Town Cooperative.
- 2 Applicants must be current on all tax and other property assessments for all properties owned in the Main Street District.
- 3 All improvements must be completed within 6 months of application approval.
- 4 All improvements are subject to consultation with assigned Design Review Board member.
- 5 Upon completion of all planned work, following submission of the Work Completion Survey and supporting documents to the Design Review Board, matching-grant funds will be paid to the applicant, at 50% of costs to a maximum of \$5000.00 (\$500.00 for signage.)

### Disclaimer

I hereby acknowledge that I understand the terms and conditions of the Façade Improvements Matching-Grant Program, and this signature indicates my intent to meet the specified terms if the application is approved.

I understand further that, upon grant authorization, this project is approved for payment only in strict accordance with the Design Review Board approved plans, which are attached to this application and hereby made part of this agreement.

I further understand that change orders are not eligible, and that failure to comply with this agreement may jeopardize receipt of grant funds.

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Applicant Signature

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Date

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Applicant Signature

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Date

### Design Approval and Grant Authorization Process

This Application will be reviewed by the Design Review Board at its next regular meeting. Pending recommendations, this Application will be resolved via either Approval or Denial within 3-calendar months. All decisions of the Design Review Board are final and binding. Resubmission must be completed by the deadline date.

**Our Town Cooperative Main Street Program**  
**Official Use Only**

Date Application Received:

Application Received By:

\_\_\_\_\_

\_\_\_\_\_

Date Application Reviewed by Design Board:

\_\_\_\_\_

Comments on Application:

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

Date Recommendations Given to Applicant:

Deadline for Resubmission:

\_\_\_\_\_

\_\_\_\_\_

Date Resubmission Received:

Grant IDN: \_\_\_\_\_

\_\_\_\_\_

**Design Approval and Grant Authorization**

This application has been reviewed by the Design Review Board of the Our Town Cooperative Main Street Program, and has been found to conform to the established Design Guidelines. This application is hereby authorized for grant funding up to a maximum of \$5000.00. This amount is good for 6 months from the date of signature below.

\_\_\_\_\_

\_\_\_\_\_

Assigned Design Review Board Member

\_\_\_\_\_

Funding Amount Approved: \_\_\_\_\_