



**FAÇADE GRANT PROGRAM APPLICATION
FOR THE DOWNTOWN PLAN AREA
ECONOMIC DEVELOPMENT DEPT.**

**City of El Paso, Texas
2 Civic Center Plaza
El Paso, TX 79901-1196
915-541-4810**

I. CONTACT INFORMATION

PROPERTY OWNER(S): _____
 ADDRESS: _____ ZIP CODE: _____ PHONE: _____
 E-MAIL ADDRESS: _____ FAX: _____
 REPRESENTATIVE(S)/TENANT(S): _____
 ADDRESS: _____ ZIP CODE: _____ PHONE: _____
 E-MAIL ADDRESS: _____ FAX: _____

II. PROJECT INFORMATION

A. PROPERTY ADDRESS: _____
 LEGAL DESCRIPTION: _____
 PROPERTY IDENTIFICATION NUMBER _____
 PRESENT USE: _____ PROPOSED USE: _____

B. TOTAL SQUARE FOOTAGE: _____
 BREAKDOWN OF SQUARE FOOTAGE BY USE (ie: residential, retail, office, etc.): _____

 CONSTRUCTION START DATE _____

C. ESTIMATED PROJECT COST (Exhibit A): _____
 PREVIOUS TAX RELIEF GRANTED TO ANY PORTION OF THIS PROPERTY? (If so, describe the type and duration): _____

III. ADDITIONAL INFORMATION

OWNER(S) OF RECORD FOR THE ABOVE DESCRIBED PARCEL(S):
 Printed Name: _____ Signature: _____

REPRESENTATIVE/TENANT FOR THE ABOVE DESCRIBED PARCEL(S):
 Printed Name: _____ Signature: _____

Note: Signatures are required for all owners of record for the property proposed for improvements. Attach additional signatures on a separate sheet of paper.

REQUIRED DOCUMENTATION FOR APPLICATION ON THE FOLLOWING PAGES

OFFICE USE ONLY		
APP NO. _____	RECEIVED DATE: ___/___/___	ACCEPTED BY: _____
REVIEW COMMITTEE DATE: ___/___/___	ACTION: _____	
REVIEW COMMITTEE DATE: ___/___/___	ACTION: _____	
REQUIRED DOCUMENTATION CHECKLIST COMPLETE: YES _____ NO _____		

REQUIRED DOCUMENTATION FOR APPLICATION

- APPLICATION FOR FAÇADE GRANT PROGRAM** - Each item on this application shall be completed and all documentation required on this form shall be submitted before this application is accepted for processing. Submittal of an application does not constitute acceptance for processing until the Department reviews the application for accuracy and completeness.
- CONCEPTUAL OR ACTUAL CONSTRUCTION DRAWINGS** - One (1) full size copy and one (1) copy on 8 1/2" x 11" paper of the proposed façade improvement plans:
- CERTIFIED CITY TAX CERTIFICATE** - Certified city tax certificates may be obtained at the city Tax Office, 1st Floor, City Hall Building. For any tax exemption application, delinquent taxes must be paid in full before the tax abatement may proceed.
- COST ESTIMATES OF PROPOSED PROJECT - Exhibit A** - List each item of work and the cost of each item.
- PROOF OF OWNERSHIP** - One (1) copy of a certificate from a title company, warranty deed, or other legal document demonstrating that the individual(s) or corporation making the application for tax exemption is the current property owner.
- PHOTOGRAPHS** - Color photographs showing current conditions of the site and structures
- STATEMENT OF UNDERSTANDING** - Certification by the applicant that all the information on this application is correct and that the program regulations have been understood.

EXHIBIT A: DETAILED COST ESTIMATE OF REHABILITATION/RESTORATION WORK

TYPE OF WORK: DESCRIBE IN DETAIL	AMOUNT
Structural/Foundation:	\$
Windows/Doors:	\$
Roof:	\$
Façade Treatment:	\$
Landscaping/Fencing:	\$
Other:	\$
TOTAL	\$



IV. STATEMENT OF UNDERSTANDING

I certify that the information contained in this application is true and correct.

I authorize City officials to visit and inspect the property as necessary to certify eligibility and verification for a grant.

I acknowledge, have read, understand and accept all program regulations, and further acknowledge that I will not receive a grant until all the program requirements have been met and a statement of completion is accepted and verified.

I understand that all rehabilitation work must be completed within 180 days of the "Notice to Proceed with Improvements" issuance and that failure to complete the work may result in program funds being reallocated for other eligible projects.

I understand the grant program funds are provided on a reimbursement basis and will only be processed after the rehabilitation/improvement work is completed and approved following a final field inspection verifying compliance with the project scope.

Property Owner Printed Name

Representative/Tenant Printed Name

Property Owner Signature

Representative/Tenant Signature