



CITY OF SIDNEY

DOWNTOWN REHAB APPLICATION

1. Name of property/business owner: _____
2. Address of owner: _____
3. Business name: _____
4. Address of building to be rehabbed: _____
5. Daytime phone number of applicant: _____ Fax: _____
6. Please attach a sheet describing your proposed project and, in the case of leasehold improvements, a letter indicating that the owner of the property has authorized the applicant to undertake the proposed improvements.
7. Has an architect prepared plans and specification for the proposed project?
_____ Yes _____ No
8. If yes, please provide the name and address of the architect: _____

9. Loan amount requested: \$ _____

I, the undersigned, have reviewed the Downtown Rehab Program requirements, and if accepted into the program, agree to abide by the same. I attest that the information provided with the application is true and accurate to the best of my knowledge.

Signature

Date

Name

For administrative purposes only:

Date Received ___ / ___ / ___

Location within Downtown Design Improvement Area: _____

Evidence of Slum and Blight: _____

Compliance with Program Guidelines: _____

Design Assistance Required: _____

Disposition: _____