

RESIDENTIAL Property

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. Is the property currently rented? _____ Yes _____ No

Name of Renter _____

Phone _____ Email _____

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

Part B: The Project

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

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

9. 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): _____

RESIDENTIAL

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

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

Part C: Local approvals

12. Include letter(s) or approval(s) from relevant local authorities (Department of Public Works; Historic Preservation Commission) stating proposed project meets local codes, etc. Please attach.

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

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

14. Applicant agrees to obtain all necessary permits prior to commencement of work and to complete work according to the City 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:
Cambridge Economic Development 1025 Washington Street Cambridge, MD 21613
Questions: 410-221-6074 or ced@chooscambridge.com**

Name of person accepting application: _____

Signature: _____ Date: _____