WASHBURN DEVELOPMENT AUTHORITY
FAÇADE RENOVATION PROGRAM
LOAN APPLICATION ($30 FEE FOR RECORDING IF APPROVED)

Applicant Information	
Contact Name:	Contact Address:
Business Name:	Project Address:
Day Phone:	Alt. Phone:
FAX:	E-Mail:
Type of Organization: ___ Corporation ___ Partnership ___ Sole Proprietorship ___ LLC ___ Other: _____	Federal ID #:

Building Owner Information (if different than applicant)	
Owner Name:	Owner Address:
Day Phone:	Alt. Phone:
FAX:	E-Mail:
NOTE: If loan applicant is not the owner of the building, please attach a letter, signed and dated, from the property owner expressing approval of the project application.	

General Project Information	
Proposed Start Date:	Proposed Completion Date:
Contractor Name, Address & Contact Info:	Budget Estimates: Total Project Estimate: $_____ Façade Loan Request: $_____ Private Funds: $_____ Private Loans: $_____ Other Funding: $_____

Project Description
Describe the overall project and scope of work (attach additional pages if necessary):
How does this project meet the goals and objectives as detailed in the Façade Renovation Program Guidelines (attach additional pages if necessary):
Property Tax ID: Property Legal Description:
Please provide the required attachments listed below: ☐ Eight (8) copies of drawings / design plans (per Sec. IV.A.1.). ☐ Contractor proposal (s) (per Sec. IV.A.2.). ☐ Certificate of Insurance (per Sec. IV.A.9.). ☐ Photos of property

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the City of Washburn Development Authority Façade Renovation Loan Program and agree to abide by its conditions. I understand that I must, or the building owner must if I do not own the building, sign a mortgage to secure repayment of the loan, and that the mortgage will be recorded as a lien against the property. I acknowledge that the WDA has the right to terminate this agreement under the Façade Renovation Loan Program if I as the applicant am found to be in violation of any conditions set forth in the guidelines of the program.

Applicant Signature:_____ Date: _____

Project Close-Out (REQUIRED SIGNATURES)	
By signing below, you verify that all work on this project had been completed to the best of your knowledge and, in your opinion, is acceptable to you and completed in accordance with the requirements of the Façade Improvement Program guidelines and consistent with the nature of this application.	
Contractor:	Date:
Applicant:	Date:
Building Owner (if applicable):	Date:
Building Inspector:	Date:
CDA Chairperson:	Date:

Office Use Only	
Date Application Received:	Does applicant have outstanding delinquent taxes or municipal code violations?
Washburn Development Authority Review Date:	☐ Approved w/o conditions ☐ Approved w/conditions (see attached) ☐ Denied (reasons below)
Authorized Grant Amount:	Reason for Denial if Applicable:
WDA Reimbursement Claim Approval Date:	Date Check Issued: