



City of Apopka – CRA
**FAÇADE RENOVATION
ASSISTANCE PROGRAM**



Application

This application, along with all required information should be submitted to:

James Hitt, FRA-RA, Community Development Director
City of Apopka, Community Development Department
120 E. Main Street, 2nd floor
Apopka, Florida 32703

Office Use

Application No. _____

This Program is for non-residential structures only. The Apopka CRA review and approval will be conducted by City staff and the applicant will be notified of the next step for approval. No work should be done until final approval is completed and a Notice to Proceed is issued.

This application and all attachments to it constitute public records. Call 407-703-1712 if you have any questions about the Façade Renovation Assistance Program.

I. APPLICANT

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

II. PROPERTY OWNER (If same as applicant, go to Section III)

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

III. PROPOSED PROJECT

Project/Business Name: _____

Address: _____

Is the project within the CRA project area of the City of Apopka? Yes ___ No ___

A. Project General Description. Please provide the following:

1. Color photographs clearly showing existing condition of the facade, neighboring buildings, and rear entrances. Historic photos if available.
2. Paint color samples for all colors planned. (if applicable)
3. Awning fabric and color sample. (If applicable)
4. Attach site plan and/or sketch plans and specifications detailing the scope of work.
5. Licensed Contractors – Three (3) written quotes to be used for projects up to \$25,000. Similar quotes for like items is required.

B. Cost and description of renovation improvements, if any (attach itemized list and cost estimates).

C. Total cost of Exterior Improvements (attach itemized list and cost estimates).

D. Dollar amount requested: \$ _____

E. Applicant cost (minimum 25% of Dollar amount requested): \$ _____

F. Percent of total financial commitment by applicant (Applicant cost ÷ Total cost) for planned improvements. _____%

IV. SATISFACTION OF GRANT CRITERIA

Explain in written detail on a separate sheet: how your proposal meets each one of the listed criteria set forth in the Façade Renovation Assistance Program criteria. By filing this application, the Applicant agrees and understands that this grant is given at the sole discretion of the Apopka CRA and these criteria are used solely to evaluate Applicant's project and do not create an entitlement to funding.

ANY COST FOR WORK PREVIOUSLY COMPLETED PRIOR TO AN APPROVED APPLICATION CANNOT BE REIMBURSED UNDER ANY CIRCUMSTANCE. DO NOT START ANY PHYSICAL RENOVATIONS UNTIL AFTER FINAL APPROVAL BY THE CITY/CRA, COMPLETION OF THE CONTRACT WITH THE CITY & NOTICE TO PROCEED HAS BEEN ISSUED.

In addition, any grant funding award is on a first come, first served basis. Application funding shall be in accordance with the established FRAP Criteria, City *Land Development Codes* and the approved *Development Design Guidelines* for the City.

V. CERTIFICATION

Applicant hereby certifies under penalty of perjury, that all information provided is complete, current, accurate and truthful.

Signature

Date

Print

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

Notary Public
Signature

My Commission expires:

Print