

**City of Watsonville
Redevelopment and Housing Department
FACADE IMPROVEMENT PROGRAM**



APPLICATION

Project Address: _____ **Date:** _____

Applicant Name (<i>primary contact</i>):	Are you the (<i>please check one</i>): <input type="checkbox"/> Property Owner <input type="checkbox"/> Owner's Agent
Applicant Mailing Address:	Phone #:
	Fax #:
Business/Building Name:	Bldg. owned by (<i>please check one</i>): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____

OWNER'S AGENT:

By signing below I/we certify that the information provided with the application is true and correct and I/we have read and understand the Program Guidelines; I/we accept and will abide by the qualifications, terms and conditions set forth in the Program Guidelines; and to the best of my/our knowledge, there are no current code enforcement issues on this property.

PROPERTY OWNER(S):

By signing below I/we certify that the information provided with the application is true and correct I/we are the owner(s) of the property located at the above mentioned project address and to the best of my/our knowledge, there are no current code enforcement issues on this property; I/we have read and understand the Program Guidelines and agree to execute any necessary documents for participation in the Program and accept and abide by the qualifications, terms and conditions set forth in the Program Guidelines.

SIGNATURE OF OWNER'S AGENT OR PROPERTY OWNER(S):

Name: _____ Tax ID #: _____
 Address: _____ Phone #: _____
 Signature: _____ Date: _____

NOTE: If applicant is not the legal owner, then the Owner's Authorization part of this application must be signed by the property owner(s) and submitted with the application. Attach additional sheets if necessary.

APPLICATION CHECKLIST (*Please submit the following items with your completed and signed application to insure the timely processing of your application*):

- 1) **Evidence of ownership of property. If other than individual, evidence of who is authorized to sign on owner(s) behalf.**
- 2) **Evidence of fire and liability insurance for the building, include flood insurance if in 100 yr floodplain.**
- 3) **Brief narrative outlining proposed plans for improvement, include conceptual or working drawing and proposed project budget.**

**250 Main St., Watsonville, CA 95076
Phone: (831) 768-3080 Fax: (831) 763-4114**



OWNER(S) AUTHORIZATION

Project Address: _____ **Date:** _____

Applicant Name <i>(primary contact):</i>		Are you the <i>(please check one):</i> <input type="checkbox"/> Property Owner <input type="checkbox"/> Owner's Agent	
Applicant Mailing Address:		Phone #:	
		Fax #:	
Business/Building Name:		Bldg. owned by <i>(please check one):</i> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	

PROPERTY OWNER(S)' SIGNATURES *(attach additional sheets if necessary):*

By signing below I/we certify that the information provided with the application is true and correct I/we are the owner(s) of the property located at the above mentioned project address and to the best of my/our knowledge, there are no current code enforcement issues on this property; I/we have read and understand the Program Guidelines; I/we authorize the applicant listed above to apply for this Program and complete the work that is approved, agree to execute any necessary documents for participation in the Program, and will accept and abide by the qualifications, terms, and conditions set forth in the Program Guidelines; and I/we hereby consent to the performance of the work at the project address listed above.

Name: _____ Tax ID #: _____
 Address: _____ Phone #: _____
 Signature: _____ Date: _____

Name: _____ Tax ID#: _____
 Address: _____ Phone #: _____
 Signature: _____ Date: _____

NOTE: This Section must be signed by all legal owners of the property and accompany application if applicant is other than the legal owner. Attach additional sheets if necessary.

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