



## Brick by Brick on Main Retail Facade Improvement Program Application

Date: \_\_\_\_\_

### Applicant Information

1. Applicant/Owner Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_
2. Years in Business: \_\_\_\_\_
3. Prior Improvements by Owner: \_\_\_\_\_

### Proposed Project Information

1. Describe the work you propose for this street side exterior façade improvement project.  
(Check all that apply and/or describe improvement ideas.)

- |   |  |
|---|--|
| <input type="checkbox"/> Awning             | <input type="checkbox"/> Landscaping                     |
| <input type="checkbox"/> Blinds             | <input type="checkbox"/> Lighting                        |
| <input type="checkbox"/> Brick              | <input type="checkbox"/> Power washing (storefront only) |
| <input type="checkbox"/> Brick repair       | <input type="checkbox"/> Shutters                        |
| <input type="checkbox"/> Paint              | <input type="checkbox"/> Tile                            |
| <input type="checkbox"/> Façade maintenance | <input type="checkbox"/> Tuck pointing                   |
| <input type="checkbox"/> Façade restoration | <input type="checkbox"/> Window boxes                    |
| <input type="checkbox"/> Flashing repair    | <input type="checkbox"/> Windows                         |

Detailed Description of Proposed

Improvements: \_\_\_\_\_

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2. Please give the estimated project cost \$ \_\_\_\_\_ and attach a budget for improvements.
  3. I am interested in financing options for this project through the Brick by Brick on Main Façade Program in the amount of \$ \_\_\_\_\_.

**Certification**

The undersigned will submit two written estimates for work to be completed. The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the Brick by Brick on Main of any changes in the proposed project which may occur.

The undersigned agrees they are applying for a 50/50 match grant of up to \$5,000 and if financed, the project must be completed within six months of the grant award date.

If financed, the undersigned also agrees to display a sign showing that this project was partially funded by the Brick by Brick on Main Façade Program.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Building Owner

***\* Only eligible every five years***

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Return completed application to:

Brick by Brick on Main Façade Program  
 City of Tell City-Mayors Office  
 PO Box 515  
 Tell City, IN 47586

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**Committee Use Only**

Date received: \_\_\_\_\_ Date reviewed by committee: \_\_\_\_\_

\_\_\_\_ Approved – Approval date: \_\_\_\_\_

\_\_\_\_ Declined – Denial reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## **Retail Façade Program Parameters**

### **Projects Funded:**

- Awning
- Blinds
- Brick
- Brick repair
- Exterior paint
- Façade maintenance
- Façade restoration
- Flashing repair
- Landscaping
- Lighting
- Power washing (Street side only)
- Shutters
- Tile
- Tuck pointing
- Window boxes
- Windows

**Amount:** Up to \$5,000 – Matching 50/50

- Payment will be made by reimbursement with original receipts for work/items completed. (Can set intervals for payment)
- Projects must be completed within six months of award.
- Must display a sign that states the project was partially funded by the Brick by Brick on Main committee for three months.
- Building must be in the downtown area designated in our by-laws.

(Note: Some projects within the city of Tell City may require a permit. Please check with the Tell City Building & Zoning office – 812-547-7490 to determine whether or not your project requires a permit. The Brick by Brick on Main Committee is not responsible for obtaining permits.)

