



**Façade Improvement Grant Program**

*City of Coos Bay*

**PRE-APPLICATION**

Name of applicant \_\_\_\_\_

Name of business \_\_\_\_\_

Address of business storefront or building to be rehabilitated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of business \_\_\_\_\_

Applicant is the ☐ Property Owner ☐ Business Owner ☐ Other \_\_\_\_\_

If not owner of property, does applicant have lease: yes ☐ no ☐

If yes, Expiration Date: \_\_\_\_\_. If no, explain: \_\_\_\_\_

\_\_\_\_\_

Property owner or property manager's name (if different from applicant), address and phone number \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPOSED FAÇADE IMPROVEMENTS:** Please describe the proposed improvements to the property. Attach color photographs that show existing conditions of the façade proposed for renovation. Briefly describe proposed improvements:

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Signature

Date

Return Pre-Application to:

COOS BAY URBAN RENEWAL AGENCY  
Economic Revitalization Administrator  
500 Central Avenue  
Coos Bay, OR 97420  
(541) 269-8924

***For staff use:***

Process/Step	Scheduled Yes/No	Date of Meeting / Correspondence
Review of pre-application; meeting with applicant and the Design Review Committee scheduled		
DRC recommendation and application status letter sent to applicant attach full application		
Full application received		
Façade grant proposal scheduled for Urban Renewal Agency meeting		
Contact applicant with status of application; grant agreement prepared for signatures		

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