

**City of Marinette, Wisconsin  
Facade Improvement Program (FIP)  
Application Form  
(Revised December 19, 2016)**

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID#/SSN \_\_\_\_\_

Project Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Tax ID#/SSN \_\_\_\_\_

Address \_\_\_\_\_

Is the Applicant a commercial tenant of the project building?    Yes \_\_\_\_\_ No \_\_\_\_\_

Proposed project start date: \_\_\_\_\_

Proposed project completion date: \_\_\_\_\_

What is the existing use of the building? \_\_\_\_\_

Will the project result in a change in the use of the building? \_\_\_\_\_

Summary of Eligible Improvement Costs			
List Proposed Work	Contractor(s)	Finish Date	Cost Estimate
<b>Total:</b>			

The undersigned application affirms that:

- A. The information submitted is true and accurate to the best of the applicant's knowledge.
- B. I have read and understand the conditions of the Facade Improvement Program and agree to abide by its conditions and guidelines.
- C. I understand that all work completed on the project must follow the description of approved methods and materials listed in the above section. Any variance from the agreed upon procedure, without prior approval, may result in forfeiture of any grant for which I may have qualified.

Signature of Applicant(s):

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

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

**Please provide the following attachments:**

- **Photographs of project building on all four sides and renderings of finished product**
- **Copy of lease, land contract or deed**
- **If tenants, you must provide owner's written authorization**
- **At least two (2) written bids/quotes for work to be completed that involve material costs only and no labor costs**
- **At least two (2) written bids/quotes for work to be completed that exceed \$5,000 and involve a combination of material and labor cost estimates**
- **Design plan or detailed description of work to be completed**