

**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
Total:			

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**