



This application must be submitted to the Regional Planning Commission
Located at E 100 1st Street Grand Island, NE
Mailing Address: P O Box 1968 Grand Island NE 68802

Redeveloper Information

- I. Applicant Name: _____
Address: _____
Telephone No.: _____
Contact: _____
- II. Legal Street Address of Project Site: _____
- III. Project Site Zoning District: _____
- IV. Current and Contemplated Use of Project: _____
- V. Present Ownership of Project Site: _____
- VI. Proposed Project: Describe in detail; attach plans and specifications:

Providing false information on this application will result in nullification of the application and forfeiture of the grant. If you have any questions regarding this form or the Façade Improvement Program administered by the Hall County Regional Planning Department call (308) 385-5240.

VII. Estimated Project Costs:

Acquisition Costs:

A. Land \$ _____

B. Building \$ _____

Construction Costs:

A. Renovation or Building Costs Attributable to Façade Improvements (attach detail): \$ _____

B. Other Construction Costs: \$ _____

VIII. Source of Financing:

A. Developer Equity: \$ _____

B. Commercial Bank Loan: \$ _____

C. Historic Tax Credits: \$ _____

D. Tax Increment Assistance: \$ _____

E. Other (Describe _____): \$ _____

VIII. Name & Address of Architect, Engineer and General Contractor:

X. Project Construction Schedule:

A. Construction Start Date: \$ _____

B. Construction Completion Date: \$ _____

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Financing Request Information

I. Describe the Amount and Purpose for Which the Façade Improvement Program Funds are Requested:

II. Statement Identifying Financial Gap and Necessity for use of Façade Improvement Program Funds or Proposed Project:

III. Application of Grant Funds:

_____ Grant to Redeveloper; or

_____ Interest Rate Buy-Down

As the applicant for the Façade Improvement Program I do hereby certify that I have provided complete information regarding the proposed project included in this application:

By: _____ Date: _____
(Applicant)

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