



SMALL BUSINESS FAÇADE, SITE IMPROVEMENT AND ADAPTIVE REUSE PROGRAM

APPLICATION CHECKLIST

All items on the checklist are required to submit your application. Incomplete applications cannot be accepted.

PLEASE SUBMIT TWO (2) COMPLETE SETS OF THE APPLICATION AND RELATED DOCUMENTS

- _____ **Original Application** (Including Project Description and Application Signature pages)

- _____ **Color photographs of all building walls that can be seen from the street** (Photos must be 8"x10" or larger, must show the entire building façade in each photo, and must clearly indicate existing façade details.)

- _____ **Owner's Affidavit** (Must be completed, signed, and notarized)

- _____ **Certificate of Appropriateness issued by the Historic Preservation Board (HPB), Certificate of Appearance Review issued by the Appearance Review Board (ARB) or Board of Zoning Adjustment approval** (If applicable)

- _____ **Current Site Survey**

- _____ **Site Plan** (applicable if changes being made to the site)

- _____ **Architectural Renderings or Conceptual Sketches** (11"x17" or larger only if necessary to adequately depict the project)

- _____ **Three (3) Contractor's Bids/Estimates** (For all work proposed. A minimum of 3 separate improvements must be included)

- _____ **List of Vendors and Contractors Potentially Associated with Project**

- _____ **Lease Agreement** (Business Owner Applicants only)

- _____ **Copy of Business Tax Receipt** (For current year, Existing Business Owner Applicants only)

- _____ **Building Permit Number** (if applicable) _____

THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT AND APPROVED BY THE ORLANDO CITY COUNCIL PRIOR TO THE COMMENCEMENT OF ANY WORK SOUGHT TO BE REIMBURSED UNDER THE PROGRAM

SMALL BUSINESS FACADE, SITE IMPROVEMENT AND ADAPTIVE REUSE PROGRAM APPLICATION

APPLICANT INFORMATION:

Applicant: _____ Property Owner

Business Owner/Property Owner(s): _____

Project Address: _____

Business Name (as filed with State of FL): _____

Business Mailing Address: _____

Phone number: _____

Email: _____ Phone Number: _____

PROPERTY INFORMATION:

City Commission District: _____

Parcel ID Number: _____

City Zoning: _____

Multi-tenant Building: Yes No

**BUSINESS OWNER APPLICANTS
ONLY**

Number of existing/proposed new employees: Existing _____ New _____

Annual sales/Gross receipts (actual or proposed): _____

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APPLICATION SIGNATURE

The Applicant, _____, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by City of Orlando Economic Development Staff, the Façade Review Committee, the Orlando City Council is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application. In addition, you may be subject to prosecution under Orlando City Code Section 43.16, False Information. The Economic Development Department maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Small Business Façade, Site Improvement and Adaptive Reuse Program, the Applicant agrees that it will enter into a Funding Agreement with the City of Orlando with terms relating to, among other things, the City’s right to receive re- payment of program funds, the City’s right to review and audit any and all records related to the Agreement, and the City’s payment of program funds only upon completion of the project as approved. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of distributed funds.

By signing below, the Applicant authorizes the City of Orlando to request criminal background checks from local, state, and federal agencies. Please note that a criminal background check is conducted on every applicant and that review of this application is contingent upon satisfactory completion of a criminal background check.

By signing below, the Applicant/Property Owner acknowledges that they have read and agree to the Small Business Façade Program policies, procedures, and conditions.

Applicant Signature: _____ **Date:** _____

Property Owner Signature: _____ **Date:** _____

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**EXHIBIT B - OWNER'S AFFIDAVIT OF
CONSENT**

*STATE OF FLORIDA
COUNTY OF ORANGE*

Before me, the undersigned authority, this day personally appeared

Who, duly sworn, upon oath, deposes and says:

1. That they are the duly authorized representative of owner requesting approval of façade grant for the property described below.
2. That all owners that they represent have given their full and complete permission for them to act on their behalf for the above-stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses, and legal descriptions for the real property, of which they are the owner or representative.
4. That I acknowledge the applicant's request for funding to make alterations to the property and understand that recommendations may be made by the City's Appearance Review Board, Board of Zoning Adjustment, and, when appropriate, Historic Preservation Board, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature _____

PROPERTY DESCRIPTION

PROPERTY ADDRESS

Sworn to and subscribed before me

this _____ day of _____ 20 _____

Notary Public, State of Florida at Large

My Commission Expires:
