Façade Improvement Program

City of Park Ridge

Community Preservation and Development Department . 505 Butler Place . Park Ridge, IL . 60068
Phone: (847) 318-5291 . Fax: (847) 318-6411 . www.parkridge.us

Application

$200 Fee for all Applications

Property Information:

Address: _____

Property Index Number (P.I.N.): _____ Zoning District: _____

Legal Description (can attach separate sheet): _____

_____

_____

Present Uses of Property: _____

Number of Commercial and Residential Units (if applicable): _____

List All Business Names at the Property: _____

_____

_____

Description of Proposed Façade Improvement Project: _____

_____

_____

_____

_____

Preliminary Cost Estimate (provide documentation if available): $ _____

Applicant Information:

Contact Name: _____ Phone: _____

Business Name: _____

Address: _____

_____

Architect/Designer Name: _____ Phone: _____

Address: _____

_____

General Contractor Name: _____ Phone: _____

Address: _____

_____

Property Owner Information:

Contact Name: _____ Phone: _____

Business Name: _____

Address: _____

_____

I hereby certify, as the undersigned applicant, that the above statements and attached documents are true and correct to the best of my knowledge; and that the project complies with all Façade Improvement Program procedures and guidelines.

_____ _____

Signature of Applicant Date

If the applicant is not the property owner, the owner must complete the following:

I certify that I own the property and hereby authorize the applicant to apply for the Façade Improvement Program, submit detailed information about the property, receive program funding and undertake the proposed façade improvement project.

_____ _____

Signature of Applicant Date

Revised 6/2010