

# CORRIDOR / BROADWAY RIDGE GRANT



221 E Clark Street  
Albert Lea, MN 56007  
507.377.4349 OFFICE  
507.377.4362 FAX

| PARCEL ID NUMBER(S)                                    |  | DATE RECEIVED |
|--|--|---------------|
|  |  |               |
| PROPERTY INFORMATION                                   |  |               |
| Property Address                                       |  |               |
| PROPERTY OWNER INFORMATION                             |  |               |
| Owner Name   |  |               |
| Owner Address  |  |               |
| Owner Phone  |  |               |
| Owner Email  |  |               |
| APPLICANT INFORMATION <i>(if different from above)</i> |  |               |
| Applicant Name   |  |               |
| Applicant Address                                      |  |               |
| Applicant Phone  |  |               |
| Applicant Email  |  |               |

## OWNER'S STATEMENT

I am the owner of the above described property and I agree to this application. By signing this application, I certify that all fees, charges, utility bills, taxes, special assessments and other debts or obligations due to the City by me or for this property have been paid. I further certify that I am in compliance with all ordinance requirements and conditions regarding other City approvals that have been granted to me for any matter. (If the owner is a corporation or partnership, a resolution authorizing this action on behalf of the board or partnership must be attached.)

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Owner's Signature

Date

## APPLICANT'S STATEMENT *(if different from above)*

This application should be processed in my name, and I am the party whom the City should contact about this application. I have completed all of the applicable filing requirements and, to the best of my knowledge, the documents and information I have submitted are true and correct.

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Applicant's Signature

Date

**APPLICATION PROCESS**

- 1. **APPLICATION:** Completion of this application is required by property owners seeking grant funds to assist with façade or site improvements for buildings along the City’s main commercial corridors.
  
- 2. **PROJECT DESCRIPTION:** Describe all proposed façade or site improvements (e.g. window replacement, lighting, awnings, and signage). The façade includes those portions of the building that are visible from a public street.

3. **REQUIRED ATTACHMENTS:**

- Site plan drawings
- Scaled elevation drawings
- Contractor cost estimates

- 4. **FINANCIAL INFORMATION:** Demonstrate that the owner has the financial capacity to complete the project in a timely manner. The property owner is required to pay the contractor the full amount of the contract for any completed portion of the work and to obtain contractor, mechanics and material lien waivers, prior to submitting a requisition to the City for reimbursement of 50% of the paid invoices up to the maximum amount specified in the Construction Award/Grant Agreement. The request is to be submitted on the attached reimbursement form for each contractor.

Proposed Start Date: \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_

Current Assessed Value: \_\_\_\_\_

Taxes Paid to Date (*circle one*):                      YES      NO

- 5. **PROJECT BUDGET:** List the source and use of funds to complete the façade improvements.

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6. **APPROVAL:**

This grant application has been reviewed by Building and Zoning staff and the application is consistent with the MN State Building Code and City of Albert Lea Zoning Code.

Building and Zoning Staff: \_\_\_\_\_ Date: \_\_\_\_\_

The City Council has reviewed and approved disbursement of grant funds.

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**HERITAGE PRESERVATION DISTRICT ONLY:** If applicable, this grant application has been reviewed by the Heritage Preservation Commission and a Certificate of Appropriateness has been issued.

HPC Staff: \_\_\_\_\_ Date: \_\_\_\_\_