FAÇADE IMPROVEMENT PROGRAM

DEVELOPMENT SERVICES
PLANNING & ZONING

PURPOSE

The purpose of the Façade Improvement Grant Program is to provide an economic incentive to:

1. Renovate store facades and properties in the revitalization program area;
2. Encourage good design projects which capitalize on the rehabilitation of existing properties paired with the introduction of compatible new design, and;
3. Preserve the unique character of downtown Washington.

ELIGIBILITY

1. Any owner or tenant of a building within the described Downtown Washington Development Committee program area. Buildings with the sole use as a private dwelling are not eligible unless it is originally commercial structure converted to residential use.
2. Owners and tenants may request incentive grants separately; however, any tenant must have the owner's written permission attached to the application and only one application per building (subdivided structures will be reviewed according to Building Code specifications) is eligible for approval;
3. All rehabilitation design proposals will meet with the code requirements of the City of Washington and the Design Guidelines established by the Historic Preservation Commission;
4. Buildings awarded grants from this program in the past calendar year are not eligible. First time applications will be given priority consideration;
5. Any exterior renovation proposal-from an entire façade rehabilitation to maintenance items such as repainting or replacing building parts is eligible for funding but top priority will be given to projects which will make a highly visible contribution to the commercial district. Simple sign changes are not eligible. Top priority will be given to project which will make a highly visible contribution to the commercial district.

   Examples include:
   a. Cleaning of brick/stone fronts,
      (chemical stripping, water wash, scraping)
   b. Painting,
   c. Repair/replacement of doors/windows,
   d. Installation of approved awnings,
   e. Re-pointing of brick,
   f. Structural repair,
   g. Installation of appropriate signs as part of an overall project,
   h. Historic reconstruction and replacement of original architectural details,

   Examples of items that cannot be funded, either in whole or part by grant program include:
   a. Sandblasting of exterior bricks,
   b. Demolition of historic features,
   c. Roof repairs.

CRITERIA

Grants are given a basis of $1 reimbursement for each $1 total owner/tenant expenditure (100%) with a maximum city participation of $2,000.00 per façade project.

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OFFICE USE ONLY		
Date Received:	Application #:	PO #:

APPLICANT INFORMATION:

1) Applicant Name: | Date of Application:

Email Address: | Phone No.:

Address: | | | |

Address | City | State | Zip Code

2) Is the applicant the property owner? ○ YES ○ NO

Is the applicant the business owner? ○ YES ○ NO

BUSINESS INFORMATION:

Business Name:

Business Owner Name:

Business Owner Phone No.: | Alt Phone:

Business Owner Address: | | | |

Address | City | State | Zip Code

PROPERTY OWNER INFORMATION:

Property Owner Name:

Property Owner Phone No.: | Alt Phone:

Property Owner Address: | | | |

Address | City | State | Zip Code

TYPE OF TENANCY:

○ OWN ○ RENT ○ LEASE ○ OTHER (If so, explain) _____

Length of time at this location: _____

BUILDING CHARACTERISTICS:

Type of building: ○ MASONRY ○ BRICK VENEER ○ OTHER (If so, explain) _____

Number of stories:

For information only, what are the functions of the stories above street level?

Occupancy:	○ Vacant	Present Use:	○ Retail Only
	○ Partially Vacant		○ Mixed
	○ Fully Occupied		○ Office
			○ Storage Only
			○ Other (explain below)

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BUILDING CHARACTERISTICS - CONTINUED:

What type of exterior improvements are to be done? Please describe.

Please make a check mark next to the improvements you will be making and give the estimated cost of each one.

1. ☐	Painting Exterior	$
2. ☐	Cleaning Exterior	$
3. ☐	Redesign or Restructure of Exterior	$
4. ☐	Signage	$
5. ☐	Window/Repair Replacement	$
6. ☐	Remove and/or install Awing	$
7. ☐	Other (explain below)	$

TOTAL ESTIMATED COST OF YOUR IMPROVEMENTS:	$

If the applicant is not the property owner, has the property owner been advised of the requested improvements? ○ YES ○ NO

PROJECT PLAN:

Attach project plans and specifications or other appropriate design documentation illustrating façade improvement.

THE PROPERTY OWNER MUST SIGN THE APPLICATION, GUIDELINES, AND OTHER DOCUMENTS REQUIRED TO COMPLETE THE GRANT PROCESS.

I acknowledge that the City of Washington is obligated only to administer the grant procedures and is not liable to the applicant, owner or third parties for any obligations or claims of any nature growing out, or arising out of, the project or application undertaken by the applicant and/or owner. There is no principal/agent or employer/employee relationship between the City of Washington and the applicant and/or owner.

I acknowledge that this application must be accepted and all pre-requisite rules and regulations must be complied with before any rights insure to the applicant/owner.

I understand that the incentive grant must be used only for the project described in this application.

SIGNATURES:

Applicant:	Date:
Owner:	Date:
Witness:	Date:

CERTIFICATE OF APPROPRIATENESS

DEVELOPMENT SERVICES
HISTORIC PRESERVATION PLANNING

OWNER AUTHORIZATION FOR NON-OWNER APPLICATION

NOTE:
IF THE PERSON WHO IS REQUESTING THE HISTORIC PRESERVATION COMMISSION TO TAKE ACTION ON A PARTICULAR PIECE OF PROPERTY IS NOT THE OWNER OF THE PROPERTY OR DOES NOT HAVE A BINDING OPTION TO PURCHASE THE PROPERTY, THEN THE ACTUAL OWNER OF THE LAND MUST COMPLETE THIS FORM.

IF THE PERSON WHO IS REQUESTING THE HISTORIC PRESERVATION COMMISSION TO TAKE ACTION ON A PARTICULAR PIECE OF PROPERTY IS THE OWNER OF THE PROPERTY OR HAS A BINDING OPTION TO PURCHASE THE PROPERTY, PLEASE DISREGARD THIS FORM.

Dear Sir or Madam,
I am the owner of the property located at:

Address	City	State	Zip Code

I hereby authorize: _____ (Authorized Agent) to appear with my consent before the City of Washington Historic Preservation Commission in order to ask for a Certificate of Appropriateness to: (Describe Use and Location Below)

at this location. I understand that the Certificate of Appropriateness, if granted, is permanent and runs with the land. I authorize you to advertise and present this matter in my name as the owner of the property. If there are any questions, you may contact me at my address:

Contact Address	City	State	Zip Code

or by telephone at: | Alt Phone:

Respectfully yours,

Owner

Sworn to and ascribed before me, this the _____ day of _____, 20 _____

Notary Public

My commission expires: _____

January 12, 2019

To All Vendors:

The Debt Collection Improvement Act of 1996 requires Local Governmental Agencies to obtain the Taxpayer Identification number (TIN) for recipients of all payments. To certify that we have your correct TIN, we request that you complete the Internal Revenue Service (IRS) W-9, Requested for Taxpayer Identification Number and Certification.

IF you fail to return a completed form, IRS regulations required that we withhold 31 percent of your payment amounts until completed IRS W-9 is received. The IRS may also impose a penalty. In order to avoid any such penalty and process your invoices promptly, please complete and return the enclosed form immediately.

You may return the IRS W-9 to the attention to Accounts Payable at the address below, or by fax to 252-558-0515. If you have any question, please call our accounting department at 252-975-9330.

Sincerely,
Accounting Department
City of Washington
PO Box 1998
Washington, NC 27889
252-975-9300
252-558-0515 (fax)

FOR A FILLABLE W-9 PLEASE CLICK ON THE FOLLOWING LINK:
https://www.irs.gov/pub/irs-pdf/fw9.pdf

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*