

**TOWN OF CLINTON
COMMERCIAL IMPROVEMENTS PROGRAM**

APPLICATION

GENERAL APPLICANT INFORMATION

Business Name

Business Address

Applicant Name

Applicant's Home Address

Daytime Phone Number

Applicant is (check each that apply) Property Owner Business Owner / Commercial Tenant

GENERAL PROPERTY INFORMATION

Property Street Address (if different than business address)

Property Owner (Name of Individual/Corporation/Trust that owns the property)

Property Owner Mailing Address

Property Owner Phone Number

BUSINESS INFORMATION

Business has operated at current location for _____ (years) _____ (months)

Term of existing lease agreement (if applicable): (begin date) _____ (end date) _____

Briefly describe your business:

PROJECT INFORMATION

This application is for assistance with (check all that apply)

<input type="checkbox"/> Signage	<input type="checkbox"/> Flower Boxes/ Planters
<input type="checkbox"/> Architectural Lighting	<input type="checkbox"/> Accessibility Improvements
<input type="checkbox"/> Awnings/ Canopies	<input type="checkbox"/> Repair/ Repointing
<input type="checkbox"/> Painting	<input type="checkbox"/> Other (please describe below)

Please describe the total scope of the proposed improvements, including sign, façade, awning, as well as other capital improvements, new roof, etc.

Estimate the total cost of work described in the scope of improvements above: \$ _____

Estimated Commercial Improvements Program’s cost contribution (85%): \$ _____

Your estimated cost contribution (15%): \$ _____

How long do you estimate the project will take from construction start to completion? _____ months

Do you have a contractor or sign maker preference? Yes No

If yes, identify: _____

APPLICANT CERTIFICATIONS

I certify that all information provided in this application true and accurate to the best of my knowledge and that, if approved, I will complete a commercial improvement project in accordance with the plans approved by the Town of Clinton and the Clinton Office of Community & Economic Development.

I have read the program information and understand my obligations to the program as outlined.

Upon notification that my project has been accepted by the Clinton Office of Community & Economic Development, I will sign a preliminary agreement authorizing the Town of Clinton to encumber funds for my project and stipulating that I will abide by all program requirements. I further agree that I will maintain the completed improvements for five (5) years from the date of project completion.

*Applicant's Signature **

Date

RETURN APPLICATION TO:

TOWN OF CLINTON
OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT
242 CHURCH STREET
CLINTON, MA 01510
pduffy@clintonma.gov

*NOTE: If the Applicant is not the Owner of the property in which the Business is located, please include a Property Owner Permission to Participate form with this application. Please contact the Community & Economic Development Office for more information.