



**SATELLITE BEACH COMMUNITY REDEVELOPMENT AGENCY  
APPLICATION FOR COMMERCIAL FAÇADE AND SITE IMPROVEMENT GRANT PROGRAM**

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**PROGRAM APPLICATION**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: Last 4      -      -      Federal Tax ID #: \_\_\_\_\_

Legal Form:     Sole Proprietorship             Partnership             Corporation             Non-Profit

State in which Articles of Incorporation and/or organization documents filed: \_\_\_\_\_

Applicant is the:     Property Owner     Business Owner     Tenant     Other:

Lease expiration date (if applicable): \_\_\_\_\_

**2. BUILDING / BUSINESS TO BE REHABILITATED**

Building/Business Name: \_\_\_\_\_

Building/Business Address: \_\_\_\_\_

**3. PROPERTY OWNER (if separate from applicant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4. DETAILED DESCRIPTION OF PROPOSED EXTERIOR IMPROVEMENTS (See guidelines for eligible improvements) Attach separate sheet if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. ESTIMATED COSTS:**

Total cost of project	\$ _____
Total cost of eligible facade or infrastructure Improvements	\$ _____
Applicant contribution to eligible improvements	\$ _____
Amount to be reimbursed to applicant by the CRA Grant Program	\$ _____



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**6. CERTIFICATION BY APPLICANT:**

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for obtaining funds from the Satellite Beach CRA Commercial Façade and Site Improvement Grant Program and is true and complete to the best of the applicant’s knowledge and belief.

If the applicant is not the owner of the property to be rehabilitated, or if the applicant is an organization rather than an individual, the applicant certifies that he/she has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of this authority must be attached.

Verification of any of the information contained in this application may be obtained from any source named herein. It is further understood that all information obtained will be held in strict confidence and used for no other purposes by the City of Satellite Beach Community Redevelopment Agency.

Applicant certifies that he/she has received and reviewed the Program Guidelines prior to submitting this application. Further, the applicant understands that the proposed exterior facade and/or site improvements must be evaluated and approved by the Community Redevelopment Department as well as any required Boards or Committees. Certain changes or modifications may be required prior to final approval.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Return to:  
John Stone, CBO, CGC  
Building Official / CRA Administrator  
565 Cassia Blvd.  
Satellite Beach, FL 32937

<b>For Office Use Only</b>	
<b>Complete Application Submitted</b> (Date/Time Stamp):	<b><u>Estimated Project Costs</u></b>
	A. Project Cost _____
	B. Total Eligible Improvements _____
	C. Maximum Match Percentage _____
	D. Applicant Contribution _____
	E. Previous Program Awards _____
	F. Maximum Eligible Grant Award _____
	<b><u>Meetings</u></b>
	1. Initial Staff Meeting _____
	2. Architectural Review Board _____
3. CRA / City Council _____	



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**AUTHORIZATION TO APPLY**

I, \_\_\_\_\_, am the owner of the following described property:

PROPERTY ADDRESS:\_\_\_\_\_. (If applicable) I do hereby authorize the following named individual to apply for a Commercial Façade / Site Improvement Grant and enter into a rebate agreement with the City of Satellite Beach Community Redevelopment Agency.

(If applicable) AUTHORIZED REPRESENTATIVE:\_\_\_\_\_

\_\_\_\_\_  
PROPERTY OWNER (1) (Print Name)

\_\_\_\_\_  
PROPERTY OWNER (2) (Print Name)

\_\_\_\_\_  
PROPERTY OWNER (1) (Signature)

\_\_\_\_\_  
PROPERTY OWNER (2) (Signature)

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
NOTARY PUBLIC

NAME:\_\_\_\_\_

COMMISSION NUMBER:\_\_\_\_\_



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**AFFIDAVIT OF OWNERSHIP**

Property Address: \_\_\_\_\_

Property Tax Account No.: \_\_\_\_\_

Signed and sealed in the presence of:

OWNER (#1):

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Owner 1 Printed Name

\_\_\_\_\_  
Name Printed/Typed

\_\_\_\_\_  
Owner 1 Signature

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Name Printed/Typed

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing Owner Consent was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR who has produced \_\_\_\_\_ as identification.

My commission expires:

\_\_\_\_\_  
Notary Public

OWNER (#2):

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Owner 2 Printed Name

\_\_\_\_\_  
Name Printed/Typed

\_\_\_\_\_  
Owner 2 Signature

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Name Printed/Typed

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing Owner Consent was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR who has produced \_\_\_\_\_ as identification.

My commission expires:

\_\_\_\_\_  
Notary Public