



Municipality of Norristown

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Historic Façade Improvement Project Application

Address of Property for which
Funds are Requested: _____
Date: _____
Property Owners Name: _____
Property Owners Address: _____
Phone Number (s): _____
Email Address: _____

SCOPE OF WORK

Please check the appropriate item (s) for the types of work which you feel, at this time, should be done. Please remember the project architect may recommend alterations, improvements, or the addition of appropriate architectural details which you may not be considering at this time and also that the work must meet Federal Historic Preservation Standards.

_____ Painting
_____ Clean and/ or Repoint Bricks
_____ Signage
_____ Remove Inappropriate Coverings
_____ Repair and/ or Replace Deteriorated Architectural
Details, Window Sash, etc.
_____ Repair Brick Sidewalk (No Concrete Repairs are
Eligible)
_____ Other (Please Specify)

GRANT ELIGIBILITY

Only commercial or multi-family residential structures of more than six (6) units are eligible for grants. Please check the appropriate building type category.

_____	Commercial Structure
_____	Residential Structure
_____	Mixed Use (Commercial Use Ground Floor/ Residential Upper Floors)
_____	Number of Units
_____	Other (Please Describe)

It is important to stress that the project will be implemented on a first-come, first-serve basis. Returned applications will be given sequential numbers and processed accordingly, until the project budget has been obligated.

Please Note: Following a review of applications and acceptance into the program, property owners will be required to submit:

1. Copy of Deed
2. Evidence that Property Taxes have been paid
3. \$150 non-refundable check for architectural services

(The \$150 deposit will be applied to your matching funds when you proceed with renovations. If you do not proceed with the work, the deposit is not refundable.)

Please return completed applications to:

Municipality of Norristown
Planning Department
235 East Airy Street
Norristown, PA 19401

FOR MUNICIPAL USE ONLY:

Date Received _____ File # _____