



# Municipality of Norristown

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**Crandall O. Jones**  
Municipal Administrator

## HISTORIC FACADE IMPROVEMENT PROJECT APPLICATION

Address of Property for which  
Funds are Requested

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Date:

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Property Owner's Name:

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Property Owner's Address:

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Phone Number (s)

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### 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.

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**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 Use Space Below)**

**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.**

_____	<b>Commercial Structure</b>
_____	<b>Residential Structure of more than six (6) units</b>
_____	<b>Commercial Use (ground floor) - Residential (upper floors)</b>
_____	<b>Total Number of Units</b>
_____	<b>Other - Describe</b> _____

**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 #** \_\_\_\_\_