



Empowering Business. Creating Jobs.

Monmouth County Board of Chosen Freeholders Grow Monmouth Façade Improvement Program Application

1. Applicant Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

2. Property Address: _____

3. Block and Lot number: Block _____ Lot _____

4. Owner of Record (Name on Deed): _____

5. Approximate Date of Construction: _____

6. Building owner name, if not applicant: _____

(Provide copy of current lease along with written permission if you do not own the building)

7. Number of Stories: _____

8. Number of Businesses located in building: _____

9. Number of Apartments located in building: _____

10. Current Use: _____

11. Current Tenants: _____

12. Identify the scope of the work, each type of work to be completed, and estimated cost.

Include storefront, signage, lighting, painting, windows, doors, brickwork, etc. Attach

separate paper if necessary.

I (We certify that all the information provided in this application is true, accurate and complete to the best of my knowledge and belief. If it is found that any submitted information is intentionally inaccurate, I will be subject to penalty. I also understand that my file will not be approved for the Monmouth County Grow Monmouth Façade Improvement Program until all requested information has been forwarded to the program.

Signature of Applicant

Signature of Co-Applicant

Print Name

Print Name

Date

Date

Please attach all items on the checklist