

THE DDA WILL NOT CONSIDER A GRANT APPLICATION FOR FAÇADE IMPROVEMENTS AFTER THE COMMENCEMENT OF WORK OR LABOR, OR THE PURCHASE OF MATERIALS, EXCEPT AS PROVIDED FOR IN SECTION C.a OF ARTICLE IV.

**WESTLAND DOWNTOWN DEVELOPMENT AUTHORITY  
FAÇADE IMPROVEMENT PROGRAM APPLICATION**

**Information and Attachments**

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_
3. (a) Phone Number: \_\_\_\_\_  
(b) Email Address: \_\_\_\_\_
4. Property Owner: \_\_\_\_\_
5. Phone Number of Property Owner: \_\_\_\_\_
6. (a) Property Address: \_\_\_\_\_  
(b) Property Parcel ID Number: \_\_\_\_\_
7. Describe the Project (attach additional pages if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. (a) Proposed Project Start Date: \_\_\_\_\_  
(b) Proposed Project End Date: \_\_\_\_\_
9. Describe how the Project meets the purposes of the Façade Improvement Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Attach three (3) written cost estimates, with breakdowns of the cost by category.

11. Attach a copy of the deed to the property.
12. Attach a written statement from the property owner indicating that he/she approves of the project.
13. Describe any conditions of blight existing at the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Attach a statement from the City of Westland Assessor's office indicating that all personal and real property taxes are paid up to date, and that all payments of special assessments are current.
15. If the applicant is a business entity, attach evidence that it is currently in good standing.
16. Attach documentation, if any, which demonstrates a recent pattern of declining real property assessments at the property.
17. Describe Long-Lasting Improvements Made By the Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Certifications**

By signing this application, the Applicant certifies that this project complies with, and shall continue to comply with, all City of Westland regulations, codes and ordinances.

By signing this application, the Applicant certifies that he/she has read and understands the conditions of the Façade Improvement Program and agrees to its terms, conditions and guidelines.

By signing this application, the Applicant agrees that this Application, along with the terms and conditions set forth in the Façade Improvement Program, shall become a binding on the applicant and property owner.

The applicant(s) certifies that this application does not obligate the City of Westland or the Westland Downtown Development Authority to provide the applicant with any money until such time that the application is approved by the DDA Board. The applicant understands that any financial assistance provided by the DDA or the City of Westland shall be limited to the amount granted by the DDA under the Façade Improvement Program.

By signing this application, the Applicant certifies that the information is true and accurate to the best of his/her knowledge as of the date of the application.

**APPLICANT**

DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

STATE OF MICHIGAN )  
 ) ss  
COUNTY OF WAYNE )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a Notary Public in and for said County and State, appeared \_\_\_\_\_, to me personally known, who, being by me sworn, did say that he/she is the Applicant submitting this Application, together with all its attachments.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
County, \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Acting in \_\_\_\_\_ County

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**THIS SECTION FOR DDA USE ONLY**

Director's Notes: \_\_\_\_\_

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

Director's Recommendation: \_\_\_\_\_

\_\_\_\_\_

Grant Approved By DDA Board: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Decided: \_\_\_\_\_

Maximum Amount of Grant Awarded: \$ \_\_\_\_\_