

Mar 24, 2023

Town of Shrewsbury Façade Improvement Program

RETURN COMPLETED APPLICATION (VIA MAIL OR E-MAIL) TO:

Town of Shrewsbury Planning & Economic Development Department – 100 Maple Avenue,
Shrewsbury, MA 01545 - planning@shrewsburyma.gov

APPLICATION FORM

Date: _____

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Website (if applicable): _____

Business Organization of Applicant (select one):

- Corporation
- Partnership
- Sole Proprietorship

Business Name: _____

Relationship of Applicant to the storefront to be renovated (select one):

- Owner: Attach copy of latest tax bill and proof of payment
- Tenant: Attach **a)** copy of Town of Shrewsbury business permit and **b)** Written permission from building owner to participate in the Program, including expiration date of present lease.

PROPOSED PROJECT INFORMATION

Street Address: _____

What elements are included in the proposed Façade Improvement Project? (Check all that apply):

- Awning or Canopy
- Entrance – New Door/Doorway
- Historic Restoration
- Landscaping (Permanent)
- Lighting
- Painting or Siding
- Signage

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Windows/Display

Other (please specify): _____

Describe the scope of work below (feel free to add pages, provide current photos of the property, or anything else you think would be helpful) and attach conceptual drawings of the proposed façade improvement project (these can be as rough or as refined as you currently have):

If known, please indicate the following:

Estimated project cost or the total amount budgeted for improvements. \$ _____

Portion of the above dedicated to architectural design fees (if any). \$ _____

If known, please provide information on the architect or contractor responsible for your drawings, plans, and permits:

Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Website (if available): _____

CERTIFICATION

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the Town of Shrewsbury Planning & Economic Development Department of any changes in the proposed project which may occur. By signing, the applicant certifies that they have completely read, and agree to, the program guidelines detailed above.

Signature of Building Owner

Date

Print Name

Tax ID #

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Signature of Commercial Tenant (if Applicant)

Date

Print Name

Tax ID #