

SOUTH BROADWAY URBAN RENEWAL GRANT APPLICATION  
BUILDING FAÇADE IMPROVEMENT  
NATIONAL COMMERCIAL HISTORIC DISTRICT  
CITY OF ALBERT LEA

**APPLICATION FOR MATCHING GRANT FUNDING**

Completion of this application is required by property owners seeking grant/loan funding to assist in façade or site improvements that preserve the architectural character and improve the curb-side appeal of the South Broadway corridor.

Please complete all parts and return it to the City Manager's Office of the City of Albert Lea for review.

**1. PROJECT ADDRESS**

Property Location \_\_\_\_\_

**2. APPLICANT INFORMATION**

Applicant is  Property Owner  Contractor  Architect  Other \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**3. PROPERTY OWNER INFORMATION (if different from applicant)**

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**4. PROJECT DESCRIPTION**

Type of property  Single business  Multiple-businesses

**General Renovations/Changes Proposed**

Please describe, details of renovation or changes being proposed. Please use the following check list to guide your submittal.

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**Application Checklist**

This checklist is designed to help you put together your application package. Some of the items listed may not be required if they are not relevant to the construction or renovation you are proposing.

**Site plan drawings indicating:**

- Pedestrian areas, service areas and location of adjacent properties
- Primary and secondary street frontage
- Parking areas, parking access, landscape features, light pole locations and open spaces

**Scaled elevation drawings showing:**

- Building height and height of adjacent buildings
- Building setback
- Façade rhythm or proportion
- Existing and proposed building openings, including pedestrian entry, storefront openings and all window openings
- Existing and proposed linear, horizontal or vertical trim
- Existing and proposed roof and upper story details
- Existing and proposed storefront and transom articulation
- Existing and proposed cornice detail and articulation
- Existing and proposed wall articulation
- Existing and proposed window details
- Location, size and types of signage

**Sample materials:**

- Building materials, with indication of how they will be used
- Color samples

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**Other information:**

- Contextual sketches, if necessary
- Coordinated lighting plan
- Description of methods for cleaning, maintaining, restoring or improving existing building materials
- Color photographs of the building site (8½"x11")
- Photographs showing the original appearance of historic buildings

**PART II - FINANCIAL**

Part II of this application is to demonstrate that the owner has the financial capacity to complete the project in a timely manner. The owner is required to pay the contractor the full amount of the contract for any completed portion of the work and to obtain contractor, mechanics, and materials lien waivers, prior to submitting a requisition to the City for reimbursement of 50% of the paid invoices, up to the maximum amount specified in the Construction Award/Grant Agreement. The request is to be submitted on the attached reimbursement form for each contractor.

Proposed project start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

List current assessed value of project property \$ \_\_\_\_\_

Current taxes \$ \_\_\_\_\_

Are taxes paid to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Please provide certification of paid taxes.)

List the source and amount of all other funds to be provided by the applicant or other sources for 50% of the budget.

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____



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4. The grant documents have been recorded in the Freeborn Co. Recorder's Office:

Document Numbers \_\_\_\_\_

City Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURES**

I HEREBY CERTIFY that I have read, examined, and understand this application and that the information submitted herein and attached hereto is true and accurate and correctly states my intentions. I also understand this application will not be accepted and reviewed until all required supporting documentation has been supplied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

Submit this application and required supplementary information to:

City of Albert Lea  
221 E. Clark Street  
Albert Lea, MN 56007

Contact the Albert Lea Community Development Office at (507) 377-4330 if you have questions regarding this application.

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**6. FOR OFFICE USE ONLY**

Date received \_\_\_\_\_

- Approved
- Approved with conditions
- More information required
- Denied

Comments

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