

**CITY OF PIQUA DOWNTOWN REVITALIZATION PROGRAM**

**GRANT APPLICATION**

1. NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_ (w)  
\_\_\_\_\_ (h)

APPLICANT SS # OR FEDERAL ID # \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(If Applicable)

2. MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

3. NAME OF PROPERTY OWNER: \_\_\_\_\_  
(If Different from Applicant)

4. NAME OF BUSINESS OR BUILDING: \_\_\_\_\_

5. ADDRESS OF BUSINESS SPACE/BUILDING TO BE REHABBED:

\_\_\_\_\_

\_\_\_\_\_

LEGAL DESCRIPTION (LOT NUMBER) \_\_\_\_\_

(OR ATTACH COPY OF DEED) NOTE IF ATTACHED \_\_\_\_\_

8. TOTAL ESTIMATED PROJECT COST: \$ \_\_\_\_\_

9. MATCHING FUNDS: Pick one: Cash                      Borrowing                      Other \_\_\_\_\_

10. I \_\_\_\_\_ certify that the project work on this application at a minimum will address/abate substandard conditions and will be consistent with the requirements of the Downtown District Design Review Standards.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Submitted for Design Review Board Review on: \_\_\_\_\_

OHPO Approval Requested on: \_\_\_\_\_

Certification of Occupancy Required? \_\_\_\_\_ Are there zoning issues? \_\_\_\_\_

11. BRIEF DESCRIPTION OF THE CONDITION OF THE BUILDING AND OF YOUR PLANNED REHAB WORK.

Downtown Revitalization Program Application Checklist:

12. THE FOLLOWING DOCUMENTS ARE REQUIRED AND **MUST BE** ATTACHED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND INELIGIBLE FOR REVIEW:

\_\_\_ A. One sets of photos of substandard components to be repaired or replaced. (Facade and/or Interior). Mainstreet Piqua, Inc. will assist with this requirement. Photos may be emailed to [mainstreetpiqua@woh.rr.com](mailto:mainstreetpiqua@woh.rr.com) or uploaded through application link.

\_\_\_ B. Request for Building Deficiencies Assessment (attached). Copy of Assessment will be attached to file when completed.

\_\_\_ C. Sketch Plan of proposed exterior work/ refer to DDDRS for examples.

\_\_\_ D. If a business applicant, submit a Letter of Approval to Implement Rehab Work signed by the property owner.

\_\_\_ E. If a property owner applicant, submit copies of your signed General Notices (copy attached) for any tenants, business or residential in your building.

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Submit to:

Attention: Janel Ranly  
Downtown Program  
City of Piqua Community Development Department  
201 West Water Street  
Piqua, Ohio 45356  
937-778-2062

Lorna Swisher  
Executive Director  
Mainstreet Piqua, Inc.  
326 N. Main Street  
Piqua, OH 45356  
937-773-9355

Commercial Revitalization Program

Attachment B:

**BUILDING DEFICIENCY ASSESSMENT REQUEST**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_(c)  
\_\_\_\_\_ (h)

Contact Person: \_\_\_\_\_

(If Applicable)

Best Time to Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Business or Building: \_\_\_\_\_

Address of Business or Building Space to be Rehabbed: \_\_\_\_\_

\_\_\_\_\_  
=====

I \_\_\_\_\_  
(Name of Applicant)

owner of the above referenced building/business hereby request, in compliance with the application procedures for the **City of Piqua Downtown Revitalization Program**, a "Building Deficiency Assessment" at the above referenced address.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Property Owner's Signature  
if different from applicant)

\_\_\_\_\_  
(Date)

=====  
Please call **Janel Ranly, 778-2062** to schedule an appointment or return this form to:

Janel Ranly  
Downtown Program  
City of Piqua Community Development Department  
201 West Water Street  
Piqua, Ohio 45356

Attachment  
D & E

**D. IF BUSINESS APPLICANT:**

Property Owner Letter Of Approval To Implement Rehab Work

**E. IF PROPERTY OWNER APPLICANT:**

Signed General Notices

**Please provide information on all tenants:**

Name of Business/Residential Tenant: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Name of Business/Residential Tenant: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_