

# Town of Upper Marlboro

## Façade Improvement Program Application



*Please complete the information below*

### Part A: The Property

1. Address of property to be improved.

\_\_\_\_\_

2. Owner of property and contact information.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Business name \_\_\_\_\_

4. Business owner and contact information (if applicable).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Gross area of building \_\_\_\_\_

6. Age of building \_\_\_\_\_

7. Number of businesses occupying the building \_\_\_\_\_

8. Number of vacant commercial units in the building \_\_\_\_\_

9. If all or part of the commercial portion of the building is vacant, how will the vacancies be filled and in what timeframe? \_\_\_\_\_

\_\_\_\_\_

10. How long have these units been vacant? \_\_\_\_\_

11. Assessed value of the property and building per Maryland Department of Assessment and Taxation \_\_\_\_\_

\_\_\_\_\_

12. Annual assessment \_\_\_\_\_

13. If tenant, length of time left on lease \_\_\_\_\_

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### Part B: The Project

14. Describe the planned improvements that are part of the project being applied for in this façade improvement grant.

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15. How does the façade improvement project comply with the Town of Upper Marlboro Design Guidelines?

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16. Provide and attach written, good faith, itemized quotes for the described planned improvements from qualified entities. Labor and materials costs must be separated. Identify preferred vendor(s) to complete the work. Please explain rationale if a vendor is chosen with a higher quote. Labor completed by the applicant is not reimbursable however materials only will be reimbursed at the appropriate percentage.

SELECTED VENDOR(S):

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17. Total cost of façade improvement project \_\_\_\_\_

18. Total amount of FIP reimbursement being requested \_\_\_\_\_

19. If any, describe other improvements made to the structure as part of a larger renovation of which this project is a part.

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20. If relevant, provide total project cost for the larger renovation \_\_\_\_\_

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### Part C: Local and State Approvals

21. Include any letter(s) or approval(s) from relevant local authorities (Prince George's County Department of Permits, Inspections and Enforcement; Historic Preservation Commission) stating proposed project meets local codes, etc. Please attach.
22. Applicant agrees to obtain all necessary permits prior to commencement of work and to complete work according to the applicable building codes. Upon approval, applicant must complete all work within 180 days, and submit paid receipts within 30 days of completion.

Name of person completing this form: \_\_\_\_\_

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

### Submit completed application packet to:

Town of Upper Marlboro ♦ 14211 School Lane ♦ Upper Marlboro, MD 20772

**Questions: call 301-627-6905 or email [SCWG@uppermarlboromd.gov](mailto:SCWG@uppermarlboromd.gov)**

### Application Checklist

- \_\_\_\_\_ Attended mandatory pre-application meeting on \_\_\_\_\_ (provide date)
- \_\_\_\_\_ Completed and signed application form
- \_\_\_\_\_ Color Photos of the building façade
- \_\_\_\_\_ Color rendering or other conceptual graphic showing proposed improvements
- \_\_\_\_\_ Materials and color samples
- \_\_\_\_\_ Written bids from two contractors for work to be completed

Please check one and submit necessary documents:

Property Owner

Tenant

\_\_\_\_\_ Deed

\_\_\_\_\_ Executed Lease Agreement

\_\_\_\_\_ Paid property tax bill

\_\_\_\_\_ Signed Written Authorization from Property Owner

\_\_\_\_\_ Insurance Certificate

Name of person accepting application: \_\_\_\_\_

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