

APPLICATION FOR CITY OF GLOUCESTER CITY Irishtown Neighborhood Preservation Commercial Façade Program Grant (.5) match required)



Business Name Street Address City, State, Zip Contact Phone: Contact Email: Co-Owner (Last Name First) Street Address City, State, Zip Telephone: Work Telephone: Email Address: Co-Owner (Last Name First) Street Address Amount Requested:	BUSINESS INFORMATION	
City, State, Zip Contact Phone: Co-Owner (Last Name First) Street Address City, State, Zip Telephone: Work Telephone: Email Address: City, State, Zip Telephone: Email Address: City, State, Zip Telephone: Email Address: City, State, Zip Telephone: Email Address:	Business Name	
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First) Street Address City, State, Zip Telephone: Work Telephone: Email Address: Co-Owner (Last Name First) Street Address City, State, Zip Telephone: Work Telephone: Email Address:	Contact Email:	
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Telephone: Work Telephone: Email Address:	Street Address	
Work Telephone: Email Address:	City, State, Zip	
Email Address:	Telephone:	
	Work Telephone:	
Amount Requested:	Email Address:	
	Amount Requested:	



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PROPERTY INFORMATION	
Name of Owner(s) as it Appears on the Property's Deed	
Block	
Lot	
Year property was built	
Mailing Address if different from Street Address	
Co-Owner of Property (if leased) (Last Name First)	
Co-Owner of Property (if leased) (Last Name First)	
Is there a Mortgage on the Property?	
Original Mortgage Amount	
Approximate Present Balance	
Monthly Payment	
List the repairs that you believe require rehabilitation through this program:	



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Please submit the following with your request:

	Narrative Description of the project and Neighborhood Preservation Program. Copy of Deed. Three verified estimates of work to be of	why you feel this project is important to the ompleted.
This is knowle work t projec	ogether with receipts are provided to the twill include at least a ½ times match of the Business Owner will be responsible	y application are true to the best of my t be reimbursed until all documentation of the e NPP Coordinator. The total value of the the total value to be paid by the business e for any permits or licenses required for its
period that a	in which Gloucester City is recipient of t	will be issued only once during the five year he NPP award. I agree as the property owner ty recognizing the NJ State DCA and NPP for
Comm	ents:	
Signa	ture	Signature
Date		Date