Façade or Signage Application – Downtown Connellsville Page 1

Applicant Name:				
Business Name:			9	
Project Site Address:				
Mailing Address if	•	ect Site Address:	Da	
			Tai	
Business Fax:			Ye	
Business Email:			Со	
Are you the owner(s) of record of the subject property? Yes No				
Property Owner's N	lame:		Sig	
Property Owner's Address: Di				
Property Owner's F	hone:			
Brief Project Description: Please provide a description of the project, goals, project timeline. Attach any additional description/documentation.				
			Da ⁻ De	
Estimated project of	:ost:		Ap	
Please indicate the	appropriate catego	ory associated with this project:	Yes	
Sign	Windows	Paving/Landscaping	De	
Awning	Doors	Sidewalk Improvements		
Paint	Additions	Exterior Lighting	Da	



FOR DOWNTOWN CONNELLSVILLE USE ONLY: Date Application Received: Target Area Location? Yes: No: Code Compliance? Yes: No: Signed: Downtown Program Liaison: Date: President Downtown Committee: Date: Date: Date: Design Committee Approved? Yes No Design Committee Chair Date: Date:				
Target Area Location? Yes:No: Code Compliance? Yes:No: Signed: Downtown Program Liaison: Date: President Downtown Committee: Date: Date: Design Committee Approved? YesNo Design Committee Chair				
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Downtown Program Liaison: Date: President Downtown Committee: Date: Design Committee Approved? YesNo Design Committee Chair	Yes: No:			
Date: President Downtown Committee: Date: Date: Design Committee Approved? YesNo Design Committee Chair	Signed:			
President Downtown Committee: Date: Design Committee Approved? YesNo Design Committee Chair	~			
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Committee: Date: Design Committee Approved? YesNo Design Committee Chair	Date:			
Design Committee Approved? YesNo Design Committee Chair				
Design Committee Approved? YesNo Design Committee Chair				
Approved? YesNo Design Committee Chair	Date:			
Design Committee Chair	_			
	YesNo			
Date:	Design Committee Chair			
	Date:			

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Estimated project start date:	Downtown
Funding Sources: Please check all that apply	Connellsville
CashBank Loan	90
Other (Please Specify)	FOR DOWNTOWN CONNELLSVILLE USE ONLY:
The applicant acknowledges the terms and conditions associated with the Façade or Signage Program and agrees to comply with all the requirements and ordinances of the City of Connellsville.	Date Approved:
Attached to this completed application I have enclosed an IRS Form W-9.	Amount Funded:
Signature of Applicant:	Check Number:
Date: Signature of Property Owner of Record if different than above:	
Date:	

Please submit this Façade or Signage Application to:

Downtown Connellsville 139 West Crawford Avenue Connellsville, Pennsylvania 15425

If you have any questions regarding the completion of this application or the eligibility of your project please call the Downtown Connellsville office at 724-320-6392.

For further information:

http://www.downtownconnellsville. org/Facade---Sign-Program.html

Downtown Connellsville Target Area

