

Date Received ____/____/____



Downtown St. Cloud Accessibility Improvement Program Application

PROPERTY OWNER INFORMATION:

Name _____
Address _____
Phone Number _____
E-Mail _____

Submit application to the:

St. Cloud Downtown Council
1010 West St Germain Street #250
St. Cloud, MN 56301

PROJECT QUICKFACTS:

- What is the address of the property? _____
- Is the property located in the C3 zoning district (see map in Program Overview on Page 2)? Yes No
- Is the building at least two stories high on the street and located on taxable, privately owned, commercial or mixed use property? Yes No
- Does the project correct a code violation? Yes No
- What is the current use of the building? _____
- What is your total project cost? _____
- What is your cash match (must be at least 10% of the total project cost)? _____
- What is your grant request (cannot exceed \$40,000)? _____

REQUIRED APPLICATION SUBMISSION CHECKLIST:

- Addresses of all properties owned wholly or in part in the City of St. Cloud by the property owner.
- Current photograph of property to be improved and photos of accessibility code violation(s).
- Written description of the property's current accessibility code violations. Property owner must consult with a licensed architect to establish the proposed budget, project design details, and a statement of the building's code compliance following the improvements.
- Written description of the extent of the improvements and their impact upon accessibility within the structure.
- Construction drawings of the proposed improvements, if applicable.
- Two written bids/estimates for each component of the proposed scope of work needed to complete the project.
- Completed and signed application form with all required application submission information attached.

SIGNATURE:

Property Owner's Signature _____ Date _____