

HOW TO REQUEST ASSISTANCE

Please read the attached Ordinance # _____, complete this application, and return it to the City of Paducah Department of Planning located at 300 S. 5th Street, Paducah, KY. This information will provide staff with the information needed to determine your eligibility.

Upper Story Residential Grant Application

Date _____

Applicant

Applicant: _____

Property Address: _____

Mailing Address (if different): _____

City _____ State _____ Zip Code _____

Telephone Numbers: Home: (_____) _____

Mobile: (_____) _____

Fax: (_____) _____

E-mail Address: _____

Property Information

Address of property where improvements will be made: _____

Current use of building or lot

Proposed use of building including # of residential units:

Name of contractor? _____

Is this address located within the Project Area (Map #1)? Yes No

Is the structure a contributing structure within the Downtown Historic District Yes No
For verification contact the Department of Planning @ 444-8690

Do you own the property? Yes (Please attach a copy of your deed) No

Are the property taxes paid up to date? Yes No

Are there any current code violations pending on the property? Yes No
If you checked yes, please attach a copy of the Inspection Department's report to this application.

Do you have property Insurance? Yes No

In an attached letter please explain the project and the capital commitment by the owner to rehabilitate the remaining structure if needed.

Visual Description of the Structure

NOTE: Please attach photographs or photocopies of the property that clearly show the physical conditions that need repair. Below or attached please describe the rehabilitation plan.

REQUIRED DOCUMENTATION

The following documentation MUST be submitted with your application or it cannot be processed.

- A current list of owners/partners or officers/directors who have ownership in the property.
- Copy of property Deed
- Copy of Insurance Policy
- Third Party Estimates of work to be done from a qualified contractor.
- Proof of financial ability to complete 100% of Upper Story Residential project. The grant shall be a reimbursement of up to 20% of rehabilitation costs and shall not exceed \$15,000 per residential unit.
- Rehabilitation plans

APPLICANT ACKNOWLEDGEMENT OF UNDERSTANDING

I certify that all statements on this application are true and correct to the best of my/our knowledge. My signature below means that I have read the Upper Story Residential Grant Ordinance # _____ and that I understand the City's program. I hereby grant permission for the City of Paducah to verify the information supplied on my application.

I understand that this program is funded by the City of Paducah and funds and resources may or may not be available on a yearly basis. Therefore, by signing this application, I understand there is no guarantee of grant funds being made available.

I understand that the City of Paducah will review all applications and further reserves the right to approve or deny any application.

I agree to allow the City of Paducah to use illustrations, photographs, and/or other images of this project for reports, publications and advertisements both print and electronic.

I have read, understand and agree to all requirements within Ordinance #2014-08-8169 Upper Story Residential Program.

Applicant Signature

Date

Title

Company

Submissions are to be made to:
Steve Ervin, Director of Planning
300 S. 5th Street
P.O. Box 2267
Paducah, Kentucky 42002-2267
Tel (270) 444-8690