

VAN BUREN HISTORIC DISTRICT COMMISSION
1003 BROADWAY, VAN BUREN, AR 72956
PHONE: (479) 471-5006 FAX (479)471-5010
camib@vanburencity.org

APPLICATION

HISTORIC DISTRICT RESTORATION GRANTS

**PLEASE NOTE THAT ONE ORIGINAL AND FIVE (5) COPIES OF THIS
GRANT APPLICATION MUST BE TURNED IN FOR REVIEW**

**ALL WORK MUST COMPLY WITH VAN BUREN HISTORIC DISTRICT COMMISSION
GUIDELINES. COPIES OF THE GUIDELINES ARE AVAILABLE AT THE PLANNING
OFFICE OF THE CITY OF VAN BUREN OR YOU MAY ACCESS THEM ONLINE AT
www.vanburencity.org**

1. PROPERTY INFORMATION:

Historic Name (if known): _____

Address of property: _____

2. OWNER/TENANT/GRANTEE INFORMATION:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

NOTE: AUTHORIZATION LETTER FROM OWNER MUST ACCOMPANY THIS APPLICATION IF TENANT IS APPLYING FOR THESE GRANT FUNDS

- 3. PROJECT DESCRIPTION:** Use space provided to describe proposed work. Attach photos, drawings and extra pages if needed. List any project description materials to be used and make sure your colors and materials are listed for project, and are in compliance with HDC color chart/guidelines.

4. **PROJECT COST:** attach estimate(s)
Amount requested (maximum \$1,000)_____
- +Cash Match* (to be paid by grantee)_____
- TOTAL PROJECT COST:**_____

***MATCH IS OPTIONAL. HOWEVER PREFERENCE MAY BE GIVEN TO APPLICATIONS THAT SHOW MATCHING FUNDS.**

5. **PROJECT ARCHITECT/CONTRACTOR (if applicable)**

Name/Firm:_____

Address:_____

Daytime Phone Number: _____ Fax:_____

Email:_____

I hereby certify I am the owner of the property or I have written permission from the property owner to pursue this project and that the information given herein and as shown on this application is true.

I fully understand grant amount(s) awarded may be less than the actual amount applied for.

I understand any and all work, construction and/or installations on the property must meet the requirements of the Van Buren Historic District Commission Design Guidelines and must receive a "Certificate of Appropriateness" (COA) prior to beginning any work.

*I further agree that I will furnish the VBHDC with a final accounting which shall include copies of all grant project material and labor receipts which reflects all expenses to be paid from this grant. Grant funds will be released to grantees upon **COMPLETION** of approved work and with proof of match, if applicable. All work must receive approval from the HDC before beginning and must be completed by December 31, 2011.*

I understand that failure to comply with said final accounting could result in my being denied reimbursement from the grant proceeds.

SIGNATURE OF THE PROPERTY OWNER/GRANTEE

DATE: _____