



CITY OF MILTON COMMUNITY DEVELOPMENT AUTHORITY

FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION

Applicant Information	
Contact Name: Mark + Rhonda Mitchell	Contact Address: 130 Front St. Milton, WI
Business Name: Mitchell House Coffee	Project Address: 130 Front St. Milton, WI
Day Phone: 608 931-0700	Alt. Phone: 608 931-0727
FAX:	E-Mail: markpmitch@yahoo.com
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other: _____	Federal ID #: 82-3591417

Building Owner Information (if different than applicant)	
Owner Name:	Owner Address:
Day Phone:	Alt. Phone:
FAX:	E-Mail:
NOTE: If grant applicant is not the owner of the building, please attach a letter, signed and dated, from the property owner expressing approval of the project application.	

General Project Information	
Proposed Start Date: 2/14/19	Proposed Completion Date: 6/2020

Contractor Name, Address & Contact Info: Mitchell + Sons 130 Front St. Milton, WI 53563	Budget Estimates: Total Project Estimate: \$ <u>300,000.00</u> Façade Grant Request: \$ <u>10,000.00</u> Private Funds: \$ _____ Private Loans: \$ _____ Other Funding: \$ _____
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Project Description

Describe the overall project and scope of work (attach additional pages if necessary):

Purchased an old feed mill to renovate into a coffee shop and upper residence.

How does this project meet the goals and objectives as detailed in the Façade Improvement Program Guidelines (attach additional pages if necessary):

We're doing a substantial amount of work which includes siding, roofing, windows, wrap around deck and landscaping.

- Please provide the required attachments listed below:
- £ Five (5) copies of drawings / design plans (per Sec. IV.A.1.).
 - £ Contractor proposal (s) and Certificate of Liability Insurance (per Sec. IV.A.2.).
 - £ Certificate of Insurance (per Sec. IV.A.11.).
 - £ Historical photos of property if available.

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the City of Milton CDA Façade Improvement Program and agree to abide by its conditions. I acknowledge that the CDA has the right to terminate this agreement under the Façade Improvement Program if I as the applicant am found to be in violation of any conditions set forth in the guidelines of the program.

Applicant Signature:  Date: 12/22/19

Project Close-Out (REQUIRED SIGNATURES)	
By signing below, you verify that all work on this project had been completed to the best of your knowledge and, in your opinion, is acceptable to you and completed in accordance with the requirements of the Façade Improvement Program guidelines and consistent with the nature of this application.	
Contractor: 	Date:
Applicant:	Date:
Building Owner (if applicable):	Date:
Building Inspector: Tom Steiner, Howard Robinson	Date:
CDA Chairperson:	Date:

Office Use Only	
Date Application Received:	Does applicant have outstanding delinquent taxes or municipal code violations?
Community Development Authority Review Date:	<input type="checkbox"/> Approved w/o conditions <input type="checkbox"/> Approved w/conditions (see attached) <input type="checkbox"/> Denied (reasons below)
Authorized Grant Amount:	Reason for Denial if Applicable:
CDA Reimbursement Claim Approval Date:	Date Check Issued:

