



# FINKSBURG FACADE IMPROVEMENT PROGRAM



## *Checklist & Application*

### **Checklist**

Assemble the application package in the sequence indicated below and label each item. Check off each item to ensure you are submitting the required material, including:

- Completed Application
- Description and detailed sketch of proposed improvements to the property (i.e., placement, color, dimensions, and materials)
- Description of how this project will enhance Finksburg (i.e., enhance property value, aesthetics)
- A minimum of three color photographs that show existing building conditions
- Proof of insurance coverage for property/business and, if applicable, from a currently licensed contractor
- Estimates and/or bids detailing the proposed work
- Additional information (optional)

### **Note**

Prior to submission, applicants are encouraged to meet with the Program Administrator. Submit applications to:

Department of Planning  
Carroll County Government  
225 North Center Street  
Westminster, MD 21157

E: [cstewart@carrollcountymd.gov](mailto:cstewart@carrollcountymd.gov)  
E: [tfossett@carrollcountymd.gov](mailto:tfossett@carrollcountymd.gov)  
P: (410) 386-5145

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### **Carroll County Government use only**

- Approved       Approved w/Conditions (attached)       Disapproved
- Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
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**Application**

**Applicant**

Name of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant is the (check all that apply):

Property Owner       Business Owner, Name of Business \_\_\_\_\_

Address where improvements are to take place: \_\_\_\_\_

Account ID: 07-04 - \_ \_ \_ \_ \_

**If Applicant is not the Property Owner**

Name of Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Project Details**

How much funding assistance are you requesting? \$ \_\_\_\_\_

\*Note: grant covers up to 80% for cost of FIP only, up to 100% for cost of FIP coinciding with greening incentive, and up to 20% for cost of single tenant wall mounted business signs.

Proposed project budget for FIP only (Estimates and/or Bids detailing the proposed work)

Line Item 1: \_\_\_\_\_ \$ \_\_\_\_\_

Line Item 2: \_\_\_\_\_ \$ \_\_\_\_\_

Line Item 3: \_\_\_\_\_ \$ \_\_\_\_\_

Will your FIP project coincide with greening improvements?  No       Yes

If yes, what is the proposed project budget \$ \_\_\_\_\_

Line Item 1: \_\_\_\_\_ \$ \_\_\_\_\_

Line-Item 2: \_\_\_\_\_ \$ \_\_\_\_\_

Line-Item 3: \_\_\_\_\_ \$ \_\_\_\_\_

Proposed Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Note: any project approved for funding must be completed within eight months.

Are any permits or approvals needed? \_\_\_\_\_

In conjunction with the project, are you completing any other renovation/rehabilitation work to the property (interior or exterior)?  No  Yes, brief explanation: \_\_\_\_\_

**General Conditions**

- It is expressly understood and agreed that grant funds are from the Maryland Department of Housing and Community Development and this application does not guarantee the applicant funds.
- It is expressly understood and agreed that the applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations.
- It is expressly understood and agreed that work completed prior to a letter of commitment is ineligible for funding.
- It is expressly understood and agreed that the applicant will not seek to hold the Board of Carroll County Commissioners, and/or its agents, employees, officers, and/or directors liable for any property damage, personal injury, or other loss relating in any way to the Finksburg Facade Improvement Program.
- The applicant shall be responsible for maintaining valid and sufficient insurance coverage for property damage and personal injury liability relating to the Finksburg Facade Improvement Program.
- The applicant agrees for a period of three years following the date of completion of the facade improvement project, to maintain all improvements made per the approval in their finished state.
- The applicant authorizes the Board of Carroll County Commissioners and the Finksburg Planning and Citizens' Council to promote any approved project, including but not limited to, displaying a sign at the site during and after construction, and using photographs and descriptions of the project in promotional materials and press releases.
- The applicant has read and understands the "Finksburg Facade Improvement Program Guidelines" document outlining program guidelines and procedures.
- The applicant understands that the Board of Carroll County Commissioners reserves the right to make changes in conditions of the Finksburg Facade Improvement Program as warranted.

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Signature of Applicant

Date

*If applicant is not the property owner, the property owner must review and co-sign this application below.*

**Owner Authorization**

As owner of the property located at (insert address) \_\_\_\_\_

I have reviewed the above application and authorize (name of applicant) \_\_\_\_\_  
at said address to perform the improvement described above as part of the Finksburg Facade Improvement Program.

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Signature of Property Owner

Date