



15440 South Central Avenue Oak Forest, Illinois 60452-2195
 708.687.4050 x1041 • Fax 708.687.1179 • www.oak-forest.org

APPLICATION FOR FAÇADE ASSISTANCE

NAME OF BUSINESS			
BUSINESS LICENSE NO.		DATE ESTABLISHED	
APPLICANT INFORMATION			
NAME		TITLE	
ADDRESS		CITY	STATE ZIP
PHONE		FAX	
EMAIL			
REAL ESTATE REPRESENTATIVE			
LEGAL REPRESENTATIVE			
PROJECT INFORMATION			
TYPE OF ECONOMIC ASSISTANCE REQUESTED			
<input type="checkbox"/> FAÇADE ASSISTANCE PROGRAM (FAP): <i>This program is limited to aesthetic, landscaping and signage improvements to building façades facing street frontage.</i>			
ADDITIONAL INFORMATION			
<input type="checkbox"/> PROJECT BUDGET \$ _____. <i>(preliminary construction pro forma must be submitted with the application)</i>			
<input type="checkbox"/> APPLICANT IS PROPERTY OWNER <input type="checkbox"/> APPLICANT IS LEASING SPACE _____ <i>term/months</i>			
<input type="checkbox"/>	EXPANSION	<input type="checkbox"/>	NEW CONSTRUCTION
<input type="checkbox"/>	FAÇADE IMPROVEMENT	<input type="checkbox"/>	RENOVATION
<input type="checkbox"/>	LANDSCAPING	<input type="checkbox"/>	SIGNAGE

I, the undersigned, do hereby certify that the statements in this application are true and correct to the best of my knowledge. An agreement approved by the City of Oak Forest City Council is the only binding contract that entitles any part to economic incentives from the City of Oak Forest.

Signature of Applicant

Date

Notary

Date

(FOR CITY USE ONLY)

Filed with the Community Development Department: _____ / _____ / _____

Transmitted to EAC: ____ / _____ / _____

Continuance if any: ____ / _____ / _____

Transmitted to the City Council: _____ / _____ / _____

Final Action of City Council for agreement of applicant's request at meeting held:

_____ / _____ / _____

DENIED _____ **APPROVED** _____

CONDITIONS IMPOSED: