



**TOWN OF ROCKY HILL**  
**761 OLD MAIN STREET**  
**ROCKY HILL, CT 06067**  
Economic Development Office  
860-258-7717

**SILAS DEANE REVITALIZATION**  
**FAÇADE IMPROVEMENT PROGRAM APPLICATION**

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Instruction: Please complete all items carefully and accurately to the best of your knowledge.  
Return to: Economic Development Office, 761 Old Main St. Rocky Hill, CT 06067

**I. OWNER INFORMATION**

Property Owner(s) Name (Titleholder): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

**II. PROPERTY INFORMATION**

Address of Subject Property: \_\_\_\_\_  
\_\_\_\_\_

Description of Subject Property: \_\_\_\_\_  
\_\_\_\_\_

- Number of Floors: \_\_\_\_\_
- Number and Type of Commercial Uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Business (es) and Business Owner (s) or Merchants (s):  
\_\_\_\_\_  
\_\_\_\_\_

Number of Residential Units, if applicable: \_\_\_\_\_

Type of Construction (e.g. brick, wood, etc.): \_\_\_\_\_

Total Amount of Outstanding Loans on Subject Property: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACADE IMPROVEMENT (S) REQUEST**

Give a general description of the type of improvement (s) being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information in this application is true and I agree to participate in the Façade Improvement Program.**

\_\_\_\_\_  
**Owner (s) Signature (Must be Notarized)**

\_\_\_\_\_  
**Date**

**State of \_\_\_\_\_ County of \_\_\_\_\_**

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires: \_\_\_\_\_**

**ADDITIONAL DOCUMENTATION**

Please submit **4 copies** the following items along with the application form:

- Copy of deed documents for subject property.
- Complete the attached Tax Affidavit showing that all Town taxes due on all property owned by the same owner and return to:  
Economic Development Office  
761 Old Main Street  
Rocky Hill, CT 06067
- Copy of Certificate of Insurance on subject property.
- Copy of lease (s) between owner and merchant (s) or business person (s), if applicable.
- Copy of Assessor's property card
- Color photographs of property & buildings

**TO BE SUBMITTED AFTER ARCHITECTURAL RENDERING (FOUR COPIES EACH)**

- Three (3) cost estimates for each component of work to be completed from CT licensed contractors.
- Contractor Qualifications Statements. Statements are to include principles, contact numbers, references and other similar completed projects.

**FACADE IMPROVEMENT  
TAX PAYMENT VERIFICATION**

**NAME OF BUSINESS/PROPERTY OWNER:** \_\_\_\_\_

**Form of Business:** Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

List the Names of the Principal (s) of the Organization:

*Business/Property Owner Certification:* I certify that I do not hold title in whole or in part to any real, motor vehicles or personal property located in the Town of Rocky Hill other than that which is listed below:

| <b>TO BE COMPLETED BY TAX COLLECTOR</b> |   |                      |                                      |   |
|---|---|----------------------|--------------------------------------|---|
|   | Are Taxes<br>Current<br>Yes    No   | Amount<br>Delinquent | Number of<br>Tax years<br>Delinquent | Is there a<br>Repayment<br>or<br>Repayment<br>Yes    No |
| <b><u>ADDRESS: REAL PROPERTY</u></b>    |   | \$ _____             | - _____                              |   |
|   |   | \$ _____             | - _____                              |   |
|   |   | \$ _____             | - _____                              |   |
| <b><u>MOTOR VEHICLE</u></b>             |   | \$ _____             | - _____                              |   |
|   |   | \$ _____             | - _____                              |   |
|   |   | \$ _____             | - _____                              |   |
| <b><u>PERSONAL PROPERTY</u></b>         |   | \$ _____             | - _____                              |   |
| (Include Latest Filed Declaration Form) |   | \$ _____             | - _____                              |   |
|   |   | \$ _____             | - _____                              |   |
|   |   | \$ _____             | - _____                              |   |
| <b>AUTHORIZED SIGNATURE</b>             | <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                     Additional Comments:<br/>                     _____<br/>                     _____<br/>                     _____<br/>                     _____                 </div> |                      |                                      |   |
| _____                                   |   |                      |                                      |   |
| <b>TITLE</b>                            |   |                      |                                      |   |
| _____                                   |   |                      |                                      |   |
| <b>DATE</b>                             |   |                      |                                      |   |
| _____                                   | _____   |                      | _____                                |   |
|   | <b>Tax Dept. Signature</b>  |                      | <b>Date</b>                          |   |