



**City Of Winter Park
Planning & Zoning
Preservation Rehabilitation Program**

1. APPLICANT

Name: _____

Address: _____

_____ Zip _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

2. BUILDING TO BE REPAIRED/REHABILITATED

Address: _____

_____ Zip _____

Legal Description: _____

Property Tax Parcel Number: _____

3. OWNER OF PROPERTY (if not applicant)

Name: _____

Contact Name: _____

Address: _____

_____ Zip _____

Phone Number(s): _____

5. BRIEF DESCRIPTION OF PROPOSED REPAIRS/REHABILITATION

6. ESTIMATED COST OF WORK FROM CONTRACT EXECUTED

Contractor Estimate:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: \$ _____.

7. SOURCE OF ADDITIONAL FUNDING

8. TOTAL VALUE OF WORK BEING PERFORMED BY APPLICANT

Include the total cost estimate of all work being performed at the property, both exterior and any interior improvements being made. \$ _____.

9. ACKNOWLEDGEMENTS

- I have read and understand the program guidelines and criteria
- I have attached a copy of my current property insurance
- Any loan or mortgage on the property is current
- To the best of my knowledge the property is current on all property taxes
- I have attached a copy of the scope of work and available drawings or sketches, and photographs of the property.
- I understand that final approval must come from all City departments concerned with any improvement and that award of the grant by the Planning and Zoning Department does not guarantee approval of the project. The applicant must meet all City requirements and codes.

The Planning and Zoning Department has my permission to use photographs of me and/or my property in presentations and publications in conjunction with the Preservation Rehabilitation Program. **Initials:** _____

CERTIFICATION BY APPLICANT

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a 50 percent matching grant not to exceed \$18,000.00 and is true and complete to the best of the applicant’s knowledge and belief.

The Planning and Zoning Department is dedicated to promoting and encouraging diversity in the programs that it supports or funds. Successful applicants in the Preservation Rehabilitation Program are encouraged to contact contractors that are certified minority owned or small businesses.

Verification of any information contained in this application may be obtained by the Planning and Zoning Department from any available source.

Applicant Signature

Date

Please return a copy of this completed application along with any supporting documentation to the Planning and Zoning Department.

Planning and Zoning Department
401 S. Park Ave
Winter Park, FL 32789

For additional information please contact:

Phone: 407-599-3440

Email: jbriggs@cityofwinterpark.org

EXHIBITS

Before submitting the application, please ensure that the following is provided in this attachment:

Photographs of existing conditions

Executed contract including detailed scope of proposed work