

Date Received: _____

Project Number: _____



209 South Main Street • Marysville, Ohio 43040
Phone: (937) 645-7350 • Fax: (937) 645-7351 • www.marysvilleohio.org

Connie Patterson Home Improvement Reimbursement Grant Program Application

- This application must be completed by the property owner(s).
- Owner-occupied residential properties are eligible for the Connie Patterson Home Improvement Reimbursement Grant Program.
- Commercial Buildings in designated Historic Districts *with approved residential dwelling unit(s)* are eligible for the Connie Patterson Home Improvement Reimbursement Grant Program.
- **Only complete applications will be accepted.**
- Applications will be accepted by the Division of Engineering (at City Hall) Monday through Friday 8:30 am – 4:30 pm.

Property Owner Information

Property Owner 1: _____

Mailing Address: _____

Property Owner 2 (if applicable): _____

Mailing Address: _____

Check if same as above

Primary Contact Person: _____

Primary Contact Phone Number: _____

Primary Contact E-mail Address: _____

Property Information

Street Address: _____

Parcel Number: _____

Property Type: Owner-occupied home _____ Mixed-use (residential above commercial in Historic District) _____

Assessed Value (Building only): \$ _____ (Union County Auditor) Zoning District: _____

Building Size (square feet): _____

Proposed Project(s)

All projects must be visible from the City right-of-way

Projects located in the designated Historic District require the approval of the Marysville Design Review Board

| | | | |
|----------------------|-----------------------------------|-------------|------------------------------------|
| Driveway | (concrete or asphalt) | Cost: _____ | Permit required from City |
| Exterior Doors | (repair or replacement) | Cost: _____ | Permit may be required from County |
| Facade Work | (cleaning, repair or replacement) | Cost: _____ | |
| Fascia & Soffit | (repair or replacement) | Cost: _____ | |
| Fence | (repair or replacement) | Cost: _____ | |
| Front Porch | (repair or replacement) | Cost: _____ | |
| Gutters | (repair or replacement) | Cost: _____ | |
| Paint | (exterior) | Cost: _____ | |
| Roof | (repair or replacement) | Cost: _____ | Permit may be required from County |
| Shutters and Awnings | (repair or replacement) | Cost: _____ | |
| Windows | (repair or replacement) | Cost: _____ | Permit may be required from County |

Total estimated cost: _____

To be paid in full by the owner.

City Reimbursement requested: _____

50% of the total cost, not to exceed \$2,000.00

Project Details

Street Address: _____

Project Details

Painting: Provide color samples and/or list paint brand and color name(s).

Driveway: Attach site plan and/or survey.

Porch/fence replacement/repair: Attach site plan and/or survey.

Window/door/facade repair/replacement: Attach architectural drawings.

Roof: Provide the brand and color of new shingles/slate/metal.

Gutters: Provide brand and color of gutters/downspouts.

Shutters and awnings repair/replacement: Provide material and color.

Diagram / Site Plan (draw or attach):

Attach: Photograph demonstrating the existing condition of the proposed project.

Program Requirements

Read each statement below carefully and INITIAL to indicate that you understand and agree.

1. _____ My property is owner-occupied or; my property is mixed use and is in located a designated Historical District with an **APPROVED** residential unit
2. _____ I am up to date on utility bills, property taxes and mortgage payments. I understand a search will be completed.
3. _____ Proof of homeowners insurance will be required before I am eligible to receive a reimbursement.
4. _____ I understand that I must submit a Federal W-9 tax form in order to receive a reimbursement.
5. _____ **Projects must be approved by the City before any work can begin. No grant funds will be awarded for unapproved work.**
6. _____ **I understand that all vendors and contractors must be paid by personal check, debit card or credit card only and that I must submit proof of payment.**
7. _____ All necessary building, engineering and zoning permits must be in place before work begins. Permits may be required for roofs, driveways, exterior doors and windows and any work that takes place in the City right-of-way.
8. _____ Work requiring a license must be completed by the homeowner or a licensed contractor registered with the Union County Building Department who specialized in the requested improvement.
9. _____ Labor costs for work completed by the homeowner will not be reimbursed. I assume all financial responsibility for this work.
10. _____ Paint, siding and facade colors must be approved at the time of application. (Please submit color samples.)
11. _____ I will submit “after” photos of the improved areas following the completion of the approved improvements and a photo of the front of the home.
12. _____ I will submit invoices, receipts, and proof of payment after the project is completed in order to receive a reimbursement.
13. _____ I agree to post a yard sign on my property if/when my project is approved. When my project is completed, I agree to remove the yard sign and return it to the City of Marysville within 30 days of my project completion.

Meetings

When submitting an application, the homeowner must meet with the Marysville Design Review Board. Monthly progress reports will also be required. Once the project is completed, the applicant will meet with City staff for a final review.

Authorization to visit the property

Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit and photograph the property described in this application.

Applicant's Affidavit

I, _____, _____,
print name *print name*
the property owner(s), have read and understood the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all aspects true and correct to the best of my knowledge.

I agree to own and maintain the property and all improvements for a minimum of two years from the date I receive my reimbursement. I understand that the status of the improvements and my ownership of the property will be monitored by the City. **I agree to notify the City and repay the grant if I move and/or sell the property in less than two years.**

I agree that any construction or rehabilitation of residential structures, with assistance provided under this Agreement, shall be subject to **HUD's Lead-Based Paint Regulations** in 24 CFR, 570.608, 24 CFR, 35, and, in particular, Subpart B thereof. Such regulations pertain to all HUD-assisted housing and require that all owners, prospective owners, and tenants of **properties constructed prior to 1978**, be properly notified that such properties may include lead-based paint.

Signature of Owner 1: _____ Date: _____

Signature of Owner 2: _____ Date: _____

Notarization (Signature 1)
(Stamp)

Notarization (Signature 2)
(Stamp)



Connie Patterson Home Improvement Reimbursement Grant Program Application Checklist

Application Requirements

Homeowner(s) must submit a complete, collated and stapled set of the following documents. Complete applications will be reviewed and submitted for approval in the order received. Applications will be accepted in person only Monday through Friday from 8:30 am to 4:30 pm at City Hall, 209 S. Main Street, Marysville, OH 43040.

Your application must be complete in order for the City to accept it. If you have questions regarding your application, or would like to schedule an appointment, contact the Engineering, Planning and Zoning Department at 937-645-7350.

Complete Applications must include the following:

- Connie Patterson Home Improvement Program Grant Application: ___completed ___signed
 ___notarized
 - Proof that the property is the owner’s primary residence.
OR
 - Proof that the mixed use property is located in a designated Historical District and contains an **APPROVED** residential unit.
 - Proof of home insurance.
 - Detailed scope of work:
 - ___ Written description of proposed improvement(s)
 - ___ Site plan
 - ___ Architectural drawings (if applicable)
 - Estimated Costs (labor + materials) for work to be done by a contractor.
 - ___ Detailed cost breakdown (materials, labor, trash removal, etc.)
 - ___ Contractor’s State of Ohio license number _____
 - ___ Verify contractor’s registration is active.
- OR
- Materials cost list from the store(s) where the materials will be purchased (if work is done by the homeowner).
 - “Before” photos: Submit high quality color prints or email digital photos to zandrews@marysvilleohio.org with HIRG_Photos_(*property address*) in the subject line.
 - ___ **Views of entire home (front) – submit for all projects***
 - ___ **Views of existing conditions of proposed projects**

- Government issued photo ID for each homeowner (Planning Division can make a copy)
- Federal W-9 tax form completed and signed by the principal property owner. (Finance Dept. will provide this form.)
- Survey and/or site plan required for driveways and door/window/fence/porch/facade repairs and/or replacement.

FOR OFFICE USE ONLY

Hearing Date: _____

The application has been reviewed and is found to be complete.

City Staff

Date

Job Title

DECISION OF THE DESIGN REVIEW BOARD

Approved

Denied

Chairperson, Design Review Board

Date