

CITY OF OAKLAND
Redevelopment Agency's
Broadway/MacArthur/San Pablo Redevelopment Project Area
Commercial Façade Improvement Program

PROGRAM APPLICATION

Property Address: _____ Commercial District: _____

Applicant: Property Owner Business Owner Other: _____

Property Owner(s): _____

Address: _____

City / State / Zip: _____ Phone: _____

Business Owner(s): _____

Business Name(s): _____

Business Address: _____

City / State / Zip: _____ Phone: _____

Start Date of Lease: _____ End Date of Lease: _____

Please indicate specific improvements you wish to make to the exterior of your building:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Awnings/Canopy | <input type="checkbox"/> Windows | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Doors/Entry | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Security Systems | <input type="checkbox"/> Other: _____ |

The work you want to complete: _____

What is your anticipated budget? \$ _____ What funds do you have to contribute? \$ _____

What is the current condition of your building? _____

In what year was your building constructed? _____

What alterations have been made to the original building? _____

Do architectural drawings of your building exist? Yes No If yes, please attach copies of front elevation and first floor plan.

Is your building made of unreinforced masonry? Yes No Has it been retrofitted? Yes No

Two color "before" photos are enclosed.

I have read the description of the Façade Improvement Program and commit to following the procedures set forth if I choose to participate in the Program. I understand that I cannot start work on any improvements until my application is approved and an agreement is signed with the Community and Economic Development Agency.

Signature

Date