



CITY OF MILTON COMMUNITY DEVELOPMENT AUTHORITY

FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION

Applicant Information	
Contact Name: Eric Stockman	Contact Address: 525 College Street
Business Name: Stockman Property Investments LLC	Project Address: 223 Parkview Drive
Day Phone: 608-289-5732	Alt. Phone: 608-290-7053
FAX:	E-Mail: e_stockman@hotmail.com
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other: _____	Federal ID #: *7256

Building Owner Information (if different than applicant)	
Owner Name:	Owner Address:
Day Phone:	Alt. Phone:
FAX:	E-Mail:
NOTE: If grant applicant is not the owner of the building, please attach a letter, signed and dated, from the property owner expressing approval of the project application.	

General Project Information	
Proposed Start Date: 8/22/22	Proposed Completion Date: 12/1/22

<p>Contractor Name, Address & Contact Info:</p> <p>Apt Property Management 525 College Street Milton, WI 53563 (608) 886-1204</p>	<p>Budget Estimates:</p> <p>Total Project Estimate: \$ <u>38,903</u></p> <p>Façade Grant Request: \$ <u>10,000</u></p> <p>Private Funds: \$ <u>28,903</u></p> <p>Private Loans: \$ _____</p> <p>Other Funding: \$ _____</p>
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Project Description

Describe the overall project and scope of work (attach additional pages if necessary):

This project includes full removal of all upper windows, wooden awning, and front facade (brown metal). This will expose the original siding as shown in the photo from 1930. It is most likely wood sided, covered in a tin metal which was added years after it was built. (The tin is not original to the structure.)

New windows with a black exterior color will be installed and wrapped with black aluminum.

The entire building will be resided with an engineered siding and painted an off white color.

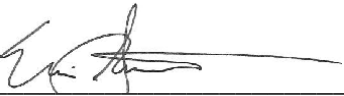
Additional details will be added to try and make the exterior as close to original as possible however there are alot of unknowns at this point. We need to uncover the facade to see what can be salvaged.

How does this project meet the goals and objectives as detailed in the Façade Improvement Program Guidelines (attach additional pages if necessary):

The facade improvement program is intended to encourage improvment within TIF districts which this will do. This will improve the attractiveness of this building and encourage further growth of the downtown area. This will make this location more attractive to future and current tenants and create a downtown landscape that the residents of Milton will seek to look at the larger display windows and what is contained behind them. Our goal is to upgrade this entire area including surrounding buildings and working together with our neighbors create a destination for not only our city residents but also visitors from out of town which further drives business to our downtown tenants and promotes future business development.

- Please provide the required attachments listed below:
- £ Five (5) copies of drawings / design plans (per Sec. IV.A.1.).
 - £ Contractor proposal (s) and Certificate of Liability Insurance (per Sec. IV.A.2.).
 - £ Certificate of Insurance (per Sec. IV.A.11.).
 - £ Historical photos of property if available.

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the City of Milton CDA Façade Improvement Program and agree to abide by its conditions. I acknowledge that the CDA has the right to terminate this agreement under the Façade Improvement Program if I as the applicant am found to be in violation of any conditions set forth in the guidelines of the program.

Applicant Signature:  Date: 8/1/22

Project Close-Out (REQUIRED SIGNATURES)	
By signing below, you verify that all work on this project had been completed to the best of your knowledge and, in your opinion, is acceptable to you and completed in accordance with the requirements of the Façade Improvement Program guidelines and consistent with the nature of this application.	
Contractor:	Date:
Applicant:	Date:
Building Owner (if applicable):	Date:
Building Inspector:	Date:
CDA Chairperson:	Date:

Office Use Only	
Date Application Received:	Does applicant have outstanding delinquent taxes or municipal code violations?
Community Development Authority Review Date:	<input type="checkbox"/> Approved w/o conditions <input type="checkbox"/> Approved w/conditions (see attached) <input type="checkbox"/> Denied (reasons below)
Authorized Grant Amount:	Reason for Denial if Applicable:
CDA Reimbursement Claim Approval Date:	Date Check Issued: