



FORM A

**Historic Sheridan Triangle Business District  
Façade Improvement Program  
Pre-Application- PAGE 1**

*Purpose of Application- To review an applicant's conceptual plans, including discussion of the eligibility criteria, program requirements, proposed improvements and compliance with the goals of the Façade Improvement Program.*

**Name of Applicant:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**Property Identification Number (P.I.N.):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Applicant is:** \_\_\_\_ Property Owner \_\_\_\_ Business Owner \_\_\_\_ Other (\_\_\_\_\_)

**When does your lease expire? (business owner):** \_\_\_\_\_

**Length of time at present address:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(If different from Applicant)

*Note: If the applicant is not the property owner, please have the owner or an authorized representative complete the owner's consent form and attach to this application. (Form B1 or B2)*

**Please include the names and contact information for all owners, partners, business tenants, etc affiliated with the property:**

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

**Describe the applicant's financial contribution to project costs:** \_\_\_\_\_

\_\_\_\_\_

*(Continue to PAGE 2 of the Preliminary Application)*

**City of Peoria**  
**Historic Sheridan Triangle Business District**  
**Façade Improvement Program**  
**Pre-Application- PAGE 2**

**Proposed Façade Improvements:**

Please describe, in detail, the proposed improvements to your property, including estimated timeframe for construction. Include two color photographs showing the existing building conditions. If you have any additional building information such as measured plans, site plans or architectural documentation for improvements, please include them with this application. (Attach a separate sheet if necessary)

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**What do you estimate the total project will cost?** \_\_\_\_\_

**How were these estimated costs determined?** \_\_\_\_\_

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The City of Peoria and its Department of Economic Development expressly reserves the right to reject any or all applicants or to request more information from any and/or all applicants in its sole and exclusive discretion. In addition, the City of Peoria reserves the right to cancel the program at any time, prior to grant approval and without notice, if sufficient funds are determined unavailable by the City of Peoria in its sole and exclusive discretion.

**Applicant Signature:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

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For Economic Development Department Use Only:

Date Received: \_\_\_\_\_

Department Approval: \_\_\_\_\_

Date: \_\_\_\_\_