



APPLICATION FOR CITY OF GLOUCESTER CITY Irishtown Neighborhood Preservation Program Residential Façade Grant Program (1.5% match required)

Applicant INFORMATION	
Name	
Street Address	
City, State, Zip	
Contact Phone:	
Contact Email:	
Co-Owner (Last Name First)	
Street Address	
City, State, Zip	
Telephone:	
Work Telephone:	
Email Address:	
Amount Requested:	
PROPERTY INFORMATION	
Name of Owner(s) as it	
Appears on the	
Property's Deed	
Block	
Lot	
Year property was built	





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Please submit the following with your request:

	• • • • • • • • • • • • • • • • • • •	e project and why you feel this project is hood Preservation Program. work to be completed.
This i of my docur Coord the to for ar The n the fi the to sign v	whowledge. I understand to mentation of the work togeth dinator. The total value of the paid by the potal value to be paid by the pay permits or licenses required as a paying the property of year period in which Global of \$15,000 has been exhault be posted in front of our	ts made in my application are true to the best hat payment will not be reimbursed until all ther with receipts are provided to the NPP he project will include at least a 1/2 match of property owner. The Owner will be responsible ed for its project. It is \$2,000 and will be issued only once during pucester City is recipient of the NPP award, until hausted. I agree as the property owner that a property recognizing the NJ State DCA and cortunity. You will be responsible to bring the
Comr	ments:	
Sign	ature	Signature NPP Coordinator