



**City of Cambridge**  
**Community Development Department**  
**344 Broadway**  
**Cambridge MA 02139**

**SIGNAGE & LIGHTING IMPROVEMENT PROGRAM**

DATE:

**I. Applicant Information**

1. First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Telephone Number(s): \*Area Code required

Fax Number: \*Area Code required

E-mail:

2. Business Organization of Applicant:

Corporation (d/b/a)      or      Partnership      or      Sole Proprietorship

Business Name:

3. Owners and Officers in Applicant's Business Organization

Position

Name

Address

4. Relationship of Applicant to the building to be renovated under Façade

Improvement Program:

Ower      Attach proof of ownership (tax bills, title deed, etc)

Tenant      a) Attach terms, length, and expiration date of present lease, and

b) Attach written permission from building owner to participate in

Façade Improvement Program.

5. Have all City of Cambridge taxes levied on the building and property described in this application been paid to date?

Yes

No

If No, please attach explanation.

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## II. Proposed Project Information

1. Description of Building to be rehabilitated:

Street Address:

Section

Block

Lot(s)

2. What improvement(s) are you interested in receiving funding for from the Signage & Lighting Improvement Program?

Signage

Lighting

Both

Describe the type of signage and/or lighting proposed.

3. Describe any other improvement (s) that have recently undertaken or are planning to be undertaken for this building.

4. Please indicate the amount you have budgeted for this project. List a specific dollar value or range. The amount you list will effect the design provided by the City's consulting architect.

5. Please indicate the funding source(s) of the 1 to 1 match:

6. Please list any loans that you are seeking in connection with this project  
(include name/type of loan, amount and source or financial institution):

**CERTIFICATION**

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the City of Cambridge Community Development Department of any changes in the proposed project which may occur.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Commercial Tenant (if Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Social Security #: \_\_\_\_\_

Tax ID#: \_\_\_\_\_