

VILLAGE OF FARMINGDALE

APPLICATION FOR COMMERCIAL REHABILITATION and
FAÇADE IMPROVEMENT

NAME OF APPLICANT:

PROPERTY OWNER:

ADDRESS OF PROPERTY:

CONTACT PHONE #

LINEAR FOOTAGE OF
BUILDING FRONTAGE:

BRIEFLY DESCRIBE
IMPROVEMENT PLANNED
(i.e., signage, lighting, windows,
doors, masonry, etc.)

Date: _____

Signature of Applicant

If the applicant is **NOT** the building owner, the following Affidavit **MUST** be completed:

AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK)

)ss:

COUNTY OF NASSAU)

_____ deposes and says: That he resides at
Property in Name of (Individual or Corporation)

Mailing address of Owner

that he is the owner of that certain premises described in the within Application and being
within the Incorporated Village of Farmingdale and that _____

Name of Applicant

is duly authorized by the aforesaid Owner to make application to the Village of Farmingdale
for a grant for commercial rehabilitation and façade improvement.

Sworn before me this _____ day Owner: _____

of _____, 2010 Applicant: _____

Notary Public Address: _____

Phone: _____