



**LONGMONT DOWNTOWN
DEVELOPMENT AUTHORITY**
528 Main Street, Longmont, CO 80501
303-651-8484 / 303-774-4433
ldda@ci.longmont.co.us
www.downtownlongmont.com



**CITY OF LONGMONT PLANNING
AND DEVELOPMENT SERVICES**
385 Kimbark Street, Longmont, CO 80501
303-651-8330 / 303-651-8696 (fax)
longmont.planning@ci.longmont.co.us
www.ci.longmont.co.us/planning

FAÇADE IMPROVEMENT PROGRAM APPLICATION FORM

PROJECT NUMBER	PROJECT TITLE – AS IT APPEARS ON PLANS
PREAPPLICATION MEETING HELD WITH: _____	
DATE OF PREAPPLICATION MEETING: _____	
PROPERTY INFORMATION	
ADDRESS: _____	
LEGAL DESCRIPTION (OR ATTACH): _____	
PROPERTY AREA: _____ ACRES OR SQUARE FEET (CHOOSE ONE)	
ZONING: EXISTING: _____ PROPOSED: _____	
EXISTING BUILDING AREA: _____ SQUARE FEET	
PROPOSED CONSTRUCTION:	
<input type="checkbox"/> BUILDING REMODEL	AREA: _____ SQUARE FEET
<input type="checkbox"/> BUILDING ADDITION	AREA: _____ SQUARE FEET
<input type="checkbox"/> NEW BUILDING(S)	AREA: _____ SQUARE FEET
ESTIMATED TOTAL CONSTRUCTION COST: _____	
REQUESTED FUNDING FROM LDDA: _____	
EXISTING USE(S): _____	
PROPOSED USES AND AREA:	
USE 1: _____	AREA: _____ SQUARE FEET
USE 2: _____	AREA: _____ SQUARE FEET
USE 3: _____	AREA: _____ SQUARE FEET
USE 4: _____	AREA: _____ SQUARE FEET
RESIDENTIAL UNITS: EXISTING: _____ PROPOSED: _____	
BUILDING FLOORS: EXISTING: _____ PROPOSED: _____	
PARKING SPACES: EXISTING: _____ PROPOSED: _____	

PROPERTY OWNER(S)

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

APPLICANT(S) (IF DIFFERENT FROM PROPERTY OWNER(S))

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

CONSULTANT(S)

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

CONTACT PERSON

Identify one person to serve as the contact for the application during the review process. This will be the person notified by the Longmont Downtown Development Authority or City of Longmont regarding comments and meetings. The contact person is responsible for notifying other parties who may be involved in the project.

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

CERTIFICATION

I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing the application I am acting with the knowledge and consent of those persons who are owners of the subject property or are parties to this application. I understand that all materials required by the Longmont Downtown Development Authority and City of Longmont must be submitted prior to having this application processed.

Signature	Date
Signature	Date

FOR STAFF USE **DATE APPLICATION SUBMITTED:** _____
DATE APPLICATION COMPLETE FOR REVIEW: _____