



City of Mt. Washington
311 Snapp Street ~ P.O. Box 285~ (502) 538-4216
www.mtwashingtonky.org ~ www.facebook.com/mwcityhall

Commercial Exterior Improvement Program

Ordinance 2021- 18

Date of Application Submitted _____

Affix Time Stamp
Here _____

Grant Number _____

Property Owner information: Please attach W9 form with application

| | |
|----------------------|--|
| Property Owner Name | |
| Mailing Address: | |
| Improvement Location | |
| Parcel Number | |
| Current Zoning | |
| Phone Number | |
| Amount Requested: | |
| | |
| | |

Description of improvement(s) being completed for the property location: Attach a rendering of improvement(s) being submitted for reimbursement.

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Concept rendering approval

CHECKLIST FOR ELIGIBILITY

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Owner applying for grant funds: (not within the last fiscal year nor multiple parcels) | |
| <input type="checkbox"/> | Parcel is within the current approved map (Exhibit A) of Ordinance 2021-18 | |
| <input type="checkbox"/> | Improvement reimbursement request is within the current fiscal year | |
| <input type="checkbox"/> | Property currently zoned commercial (B1 or B2) | |
| <input type="checkbox"/> | Applicable Permits applied for at BCPZ/City | |
| <input type="checkbox"/> | Applicable licenses and taxes are current | |
| <input type="checkbox"/> | No current code violations | |
| <input type="checkbox"/> | Design materials comply with Chapter 158: Commercial Planning and Design | |
| <input type="checkbox"/> | Copy of receipts are submitted and are in compliance with Ordinance 2021-18 | |
| <input type="checkbox"/> | Request for disbursement is submitted | |

Funding Of Grant

Funding will be based on a 60% contribution by the building owner and 40% by the City of Mt. Washington. The building owner must make a minimum investment of \$10,000 which will equal a \$4,000.00 reimbursement grant up to a maximum grant reimbursement of \$40,000 for an investment of \$100,000.00 or more.

Total Funding available within current fiscal year \$100,000.00

Total amount of project \$ _____

Total Amount Reimbursed \$ _____
(40% of Total project)

Upon completion and reimbursement, I certify that the owner applicant meets all the requirements of Ordinance 2021-18 and inspection of the City of Mt. Washington Building Official has been completed and approved.

Affix
City
Seal

Elizabeth D. Hardin
City Administrator

Anthony Branham
City of Mt. Washington Building Official

Request for Reimbursement FORM- pursuant to Ordinance 2021-18

| | |
|----------------------|---|
| Property Owner Name | |
| Mailing Address: | |
| Phone Number | |
| Improvement Location | |
| Receipts attached | Copies of Receipts paid by property owner attached hereto |
| Completion Date | |
| Reimbursement Amount | \$ |
| Date Reimbursed | |
| | |
| | |
| | |

Signature of Owner Applicant