



**City of Inkster**  
**DOWNTOWN DEVELOPMENT AUTHORITY**  
**STREET FAÇADE IMPROVEMENT PROGRAM**



## PROCESS GUIDELINES

---

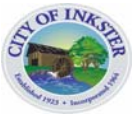
### **DDA Review**

- Schedule preliminary meeting with the Director of Planning, Building & Economic Development to determine if proposed project is in compliance with program guidelines.
- If proposed project is in compliance with program guidelines, submit application along with required attachments and fees to the Planning, Building & Economic Development Department.
- If proposed project is not in compliance, modify plan and submit it to the Planning, Building & Economic Development Department.
- Your application will be forwarded to the DDA and will be placed on the next available meeting agenda.
- If DDA approves the application, your project will be forwarded to the Planning Commission.
- If DDA does not approve the application due to unavailable funds, you will be placed on a waiting list on a first come first serve basis until such funds are available.

### **Planning Commission Review**

- Submit a completed application for both, a site plan review and special conditions use review along with required attachments and fees to the Planning, Building & Economic Development Department.
- Site plan review by the Site Plan Review Committee will be conducted within two weeks of submitting your applications.
- If the Site Plan Review Committee determines that the site plan is adequate, your applications will be processed to be forwarded to the Planning Commission.
- If the Site Plan Review Committee determines that the site plan is inadequate, the applicant must make required revisions and re-submit the site plan to the Planning, Building & Economic Development Department.
- Special Conditions Use requires a public hearing to be conducted. There is a 15 day notification period to the public.
- Your Special Conditions Use application will be placed on the next available agenda.
- Your Site Plan application will be placed on the same agenda as the Special Conditions Use public hearing.

The review process for site plan and special conditions use will be completed in accordance with State Law and local ordinances. The total process takes approximately 60-90 days.



**CITY OF INKSTER  
DOWNTOWN DEVELOPMENT AUTHORITY  
STREET FAÇADE IMPROVEMENT**

**APPLICATION INSTRUCTIONS**

This application is to participate in the City of Inkster Downtown Development Authority's Street Façade Improvement Program with the potential to receive matching funds up to \$10,000 for each dollar of your investment in exterior building enhancement. Please read and complete the application carefully. Should you have any questions, please call the Downtown Development Authority at 313-563-9764.

Please include the following items with your completed application:

- Two (2) recent color photographs of the current building façade
- If property owner, verification of ownership
- If tenant, copy of your lease and a notarized letter of approval from a property owner
- Legal description of property
- Verification of ability to finance project from bank or other source

NOTE: If an applicant wishes to make improvements to more than one property, a separate grant application must be submitted for each property.

**RETURN COMPLETED APPLICATION TO:**

City of Inkster  
Planning, Building & Economic Development  
Attn: Mark Lloyd  
26125 Trowbridge Avenue  
Inkster, MI 48141  
313-563-9764

**CITY OF INKSTER  
DOWNTOWN DEVELOPMENT AUTHORITY  
STREET FAÇADE IMPROVEMENT**

**APPLICATION**

Date: \_\_\_\_\_ Project Address \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax Identification or Social Security Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Form: Corporation: Profit  Non-Profit   
Partnership  Sole Proprietorship

Is the building currently occupied? Yes  No

**OWNER INFORMATION**

Does the applicant own the property? Yes  No  If no, please provide:

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

**PROPOSED IMPROVEMENTS**

Please describe in detail the proposed improvements. Attach additional pages if necessary:

---

---

---

---

---

---

---

---

---

---

When do you plan to start construction on this project? \_\_\_\_\_

What do you estimate this project to cost? \_\_\_\_\_

How will you finance your portion of the project? \_\_\_\_\_

When will the above financing be available? \_\_\_\_\_

If known, please provide information on the architect responsible for your renderings, plans and permits:

Architect's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

By signing below, the applicant/property owner acknowledges and agrees to the following:

1. I/We understand that submission of an application does not guarantee funding under the Inkster Downtown Development Authority Façade Improvement Program.
2. I/We certify that all the information provided is true accurate to the best of my/our knowledge, and if approved, work as agreed upon, will be completed.
3. I/We understand that the Inkster Downtown Development Authority Façade Improvement Program funding will be used for façade improvements at:  
Property Address \_\_\_\_\_
4. I/We agree that any work commenced prior to a commitment letter being Issued will not be eligible for reimbursement, and any work deviating from the approved work must be pre-approved by the Inkster DDA in order for the work to be eligible for reimbursement.
5. I/We understand that the project costs will be paid upon receipt of invoices and verification of the work done on the invoice.

6. I/We, the building owner(s) am/are not delinquent in any taxes owed to the City or any other participating entity.
7. I/We understand that any photographs submitted or produced under the Inkster DDA Façade Improvement Program become the property of the Inkster DDA. Additionally, I/We understand these images may be used in any printed and/or electronic materials as authorized by the Inkster DDA.

\_\_\_\_\_  
Signature of Applicant(s) \_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

Notary Public, \_\_\_\_\_ County, Michigan.

My Commission Expires: \_\_\_\_\_

If the applicant does not own the property, the owner must complete the following and include a notarized letter of approval:

I/We \_\_\_\_\_ and \_\_\_\_\_  
certify that I/We own property located at \_\_\_\_\_,

And I/We give the applicant authorization to participate in the Inkster Downtown Development Authority Façade Improvement Program.

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

Notary Public, \_\_\_\_\_ County, Michigan.

My Commission Expires: \_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE**

All applicants for grants from the Inkster Downtown Development Authority (DDA) are requested to disclose if they are board members of the DDA, employees of the City of Inkster, or related to board members or employees of the DDA or the City of Inkster. If you are a board member, employee, or related to a board member or employee, a formal Conflict of Interest waiver must be submitted with this application.

**Please complete only one applicable section below.**

- 1.) I, \_\_\_\_\_, hereby acknowledge that I am a board member or employee of the: Inkster DDA \_\_\_\_\_ City of Inkster \_\_\_\_\_
- 2.) I, \_\_\_\_\_, hereby acknowledge that I am related to (board member's or employee's name) \_\_\_\_\_, board member or employee of the: Inkster DDA \_\_\_\_\_ City of Inkster \_\_\_\_\_
- 3.) I, \_\_\_\_\_, hereby acknowledge that I am not a board member nor employee and am not related to a board member or employee of Inkster DDA or City of Inkster.

I acknowledge and agree that any misrepresentation contained in the disclosure may result in the cancellation of my application for a grant, or if the misrepresentation is discovered after the grant is made, I may be required to repay the grant on demand.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
Notary Public, \_\_\_\_\_ County, Michigan.

My Commission Expires: \_\_\_\_\_