

# REHAB OF COMMERCIAL PROPERTY PROGRAM

Sharon, PA

## APPLICATION FORM

- THIS PROGRAM IS GEARED TOWARD THE CORRECTION OF CODE VIOLATIONS.
- APPLICATIONS ARE REVIEWED ON A REGULAR BASIS UNTIL ALL AVAILABLE FUNDS HAVE BEEN AWARDED
- DEADLINES FOR REGULAR REVIEW ARE ON A ROLLING BASIS
- WORK THAT HAS ALREADY BEGUN PRIOR TO **OCTOBER 9<sup>th</sup>, 2024** IS *IN*ELIGIBLE FOR GRANTS
- THIS IS A REIMBURSEMENT GRANT; YOU MUST BE APPROVED BASED ON YOUR CDBG-ELIGIBILITY AND PROJECT, PAY FOR THE WORK UP FRONT, AND SUBMIT ELIGIBLE RECEIPTS IN ORDER TO BE REIMBURSED.

Name of the person filling out this application: \_\_\_\_\_  
\_\_\_\_\_

I am:  
 Property Owner  
 Tenant

Today's Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Name of the business or property: \_\_\_\_\_

My business is:

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

For profit

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

Non-profit

If you are the tenant, what is the property owner's name: \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_ UEI Number, if you have one: \_\_\_\_\_

Demographic Information (optional): Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Please indicate the improvements included in your project proposal. You may attach your property's commercial fire inspection report provided by the City of Sharon Fire Department.

You can request up to \$5,000; however, the full amount may not be awarded. Proof of need (fire inspection report) and cost of correcting code violations will be required. Although no match is required, the project may exceed the \$5,000 grant limit in order to complete the project.

**If the total construction project exceeds \$2,000.00 with assistance by federal funding, the contractor is required to pay Prevailing Wage rates to its employees or subcontractors. Please see the attached Commercial Rehab Program Procurement & Labor Laws Requirements.**

Requested grant amount: \$ \_\_\_\_\_ Total estimated project cost: \$ \_\_\_\_\_

Is building fully occupied? YES NO How long has business been in operation? \_\_\_\_\_

Timeframe for project completion: \_\_\_\_\_

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**PLEASE SUBMIT YOUR APPLICATION & MATERIALS BY DELIVERING OR MAILING TO:**

**Sharon Municipal Building**  
Community Development Department  
155 W. Connelly Blvd.  
Sharon, PA 16146

A 'Review Committee' made up of Sharon representatives will oversee large-scale projects when applicable.

**Contact Information:**

General Q's: Suzanne Kepple, City of Sharon, CDBG Program Manager [skepple@cityofsharon.net](mailto:skepple@cityofsharon.net) 724-983-3231

Obtaining UEI: Dani Johnson, Business Liaison for the City of Sharon [thewanderingsoulshop@gmail.com](mailto:thewanderingsoulshop@gmail.com) 724-979-4039

Fire Inspections: Steve Thompson, City of Sharon, Inspector [sthompson@cityofsharon.net](mailto:sthompson@cityofsharon.net) 724-418-4797

**PLEASE INCLUDE IN YOUR APPLICATION PACKAGE:**

1. Completed '**APPLICATION FORM**'
2. Signed '**APPLICANT'S CERTIFICATION & RELEASE**'
3. Project **COST ESTIMATES/COSTS (FROM AT LEAST 3 SOURCES)** for all components of the project. If doing work yourself, a single materials estimate is sufficient
4. One copy of the **PROPERTY DEED COVER PAGE** showing legal name of owner(s), if owner is the applicant
5. **PROPERTY OWNER SUPPORT LETTER**, if applicant is not the property owner (if altering a permanent part or large-scale project in the building)
6. **APPROVED ZONING PERMIT** (only applicable for Change of Use)
7. **CERTIFICATE OF OCCUPANCY**
8. **CERTIFICATE OF COMPLETED FIRE INSPECTION**
9. Any additional information that you feel would be helpful in the evaluation process

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## APPLICANT'S CERTIFICATION & RELEASE

The undersigned certifies that the 'Application Guidelines' and this 'Certification & Release' have been read and understood, including the following:

1. That the Sharon Community Development Corporation (SCDC) is a nonprofit organization which is dedicated to encouraging and guiding the revitalization and development in downtown Sharon;
2. that the SCDC is administering the program to the extent necessary (a) to determine whether a particular application falls within and will further the purpose of the program and (b) to rank submitted applications on the basis of the degree to which the purpose of the program will be furthered;
3. that the SCDC may place a sign on the premises which is prominently visible to passersby or promote the project in any other manner which is consistent with this program;
4. and that participation in the program is not a right.

In order for the Sharon Community Development Corporation and the municipality of Sharon to accept an application for processing, each of the undersigned, for himself/herself, his/her heirs, executors, administrators or assigns (or if a corporation for its successors and assigns) hereby releases and agrees to hold harmless these entities and its directors, officers, and employees from all rights, claims, and actions which the undersigned may hereafter have against these entities arising out of the receipt and processing of the application presented herewith.

I/We authorize the Sharon Community Development Corporation (SCDC) and City of Sharon to make inquiries as necessary to verify the accuracy of the statement made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan, guaranteeing a loan, or continuing credit. I/We understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

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**PROPERTY OWNER SUPPORT LETTER  
FOR TENANT INITIATED PROJECTS**

To: Design Review Committee

This letter is to certify that I have seen the plans for and give my approval for the proposed tenant improvements by \_\_\_\_\_ to the property located at \_\_\_\_\_, which I own.

I understand that it is my responsibility to apply for a zoning permit for this project (if applicable) and to ensure that a final inspection by the Sharon Zoning Office is scheduled and completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date