

PHILMONT BEAUTIFICATION, INC.



NY MAIN STREET Revitalization Program

Building Renovation Grant Application

If you own:

- a mixed-use business property,
- a residential low-income rental property,
- a historic property that has experienced extensive neglect, or
- a property that could provide renovated storefronts on Main Street,

. . . please fill out the Application on the reverse side of this form and provide a letter outlining the preliminary intended scope(s) of work you intend for either/or building renovations and/or façade restorations for a storefront property you intend to renovate, and the intended use of the building after completion of renovations.

The Philmont Beautification, Inc. NY Main Street Revitalization Program aims to help revitalize buildings located in the downtown business section of Philmont Village. We seek buildings that have experienced sustained physical deterioration, decay, neglect, or disinvestment, and are located in a concentrated area of 2 to 3 blocks that have a number of substandard buildings or vacant residential or commercial units. Please visit <https://hcr.ny.gov/new-york-main-street#program-guide> for full program guidelines and eligibility criteria. The program is funded by the NYS Housing Trust Fund Corporation, administered by the NYS Division of Housing and Community Renewal.

Application for PB Inc. Main St. grant funds

Property Owner(s): _____

Property Address: _____ Main Street, Philmont, New York, 12565

Mailing Address (if different from above) _____

Contact Telephone _____

Please tell us about your building(s)

Year Built _____

Present Use _____

Current building condition _____

Type of renovation(s):

_____ Facade

_____ Building

_____ Storefront(s)

_____ Low-Income residential rental _____ Number of rental units

_____ Historic Preservation _____ Facade _____ Building Renovation

Approximate Estimated Cost _____

Intended Renovated Use(s) _____

Please attach an additional page if needed to describe the intended use of the building following renovations.

Estimated Start Date _____

Convenient time AM/PM to reach you by phone _____ at Tel # _____

PLEASE MAIL THIS APPLICATION back to:

Philmont Beautification, Inc.
Main St. Program
PO Box 1072
Philmont, NY 12565
info@pbinc.org
Contact: Sally Baker (518) 697 0038

2/1/2016-revised