



Downtown Building Restoration Program

Community Development
925 S. Main Street
Lebanon, Oregon 97355

TEL: 541.258.4256
econdev@lebanonoregon.gov
www.lebanonoregon.gov

Applicant name _____

Property Address _____

Mailing Address (if different) _____

Phone _____ Email _____

Applicant is: Building & Business Owner Tenant/Business Owner Building Owner

If the applicant is not the building owner, please provide the following:

Building Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Proposed Project Description: (Attach additional pages if needed)

Grant Amount Requested: \$ _____

Contractor(s) Quote: \$ _____

Estimated Total Cost of Project: \$ _____

(include quotes from contractors)

Application Submittal Requirements

- Copy of **chosen** bid(s) for contractors
- Approval letter from property owner (if business owner is not the building owner)
- Before pictures of full front of building
- Rendering/sketch of projected completed project
- A full project summary with the complete scope of work, the chosen contractor to complete each item in the scope, and the cost of each item.
- If project includes paint, include color sample

Certification

I certify to the City of Lebanon that ALL information contained in this application is true and correct to the best of my knowledge. I acknowledge that the funding source of the DBR Program is the City of Lebanon and I understand that I must comply with all the regulations of the DBR Program Team.

Applicant Signature

Date