

Applicant Information

Name: ROBERT OSBORNE dba SOMINA LLC

Referred by: _____

Building Owner Telephone: 773-807-9844

Business Owner Telephone: _____

- For Office Use Only
- Appl. # _____
- Appl. date: _____
- Approval date: _____

Business Information

Name & Type of Business: SOMINA LLC RENTAL PROPERTY

Owner's Name: ROBERT OSBORNE

Address: 1761 MAIN STREET, RACINE - 03

Telephone: SAME Yrs. In Business: _____

Building occupancy %: _____

Property Owner Information

Name: SAME AS APPLICANT

Address: _____

Years Owned: < 1

Proposed Improvements

Storefront: COMPLETE REMOVAL OF EXISTING STOREFRONT & SIGN BAND; NEW STOREFRONT & DOORS

Upper façade: REPLACE EXISTING WINDOWS

Other: _____

Estimated total cost: \$35,750.00

Applicant Certification

I have read the "Commercial Façade Design Guidelines" (attached). If the application is approved, I will make the above improvements to the property.

Signature: [Signature] Date: 9/20/2017

Facade Grant Application