

**TOWN OF ENFIELD**  
**OFFICE OF COMMUNITY DEVELOPMENT**  
**COMMERCIAL FACADE INCENTIVE GRANT**  
**APPLICATION**

---

**PURPOSE:** The Enfield Commercial Facade Incentive Grant was created to assist local business owners with improvements to existing storefronts, façades, and property access through the utilization of grant funds of up to \$2000.00 per property. Eligible improvements include items such as; new doors, windows, siding, awnings, lighting, signs, accessibility requirements, relocation of utility lines, landscaping, and other work that would improve the appearance of the property.

**GRANT REQUIREMENTS:**

- The \$2000 grant will be paid for work performed by a licensed contractor or for project materials at an existing Thompsonville storefront property.
- Applicants must provide at least 3 estimates for the proposed work or materials for the project to the Office of Community Development. (OCD)
- Invoices submitted to the Town may not exceed the \$2000 limit.
- The proposed work must be performed at a commercial property in either the Thompsonville or North Thompsonville sections of Enfield. (Census Tracts 4805 & 4806) The OCD will verify the property status.
- The proposed improvements must have prior approval and/or permits issued by the appropriate Town Boards, Commissions, or Departments as needed.
- Renters or lease holders must provide written authorization for the proposed work from the property owner or a property management company.
- Grant recipients are required to sign a contract with the Town of Enfield
- Your selected contractor must complete an IRS Form W-9 provide by OCD
- Applications will be reviewed on a first come, first served basis.
- Business or property owners who receive a grant under this program will be ineligible from further grants for a 1 year period.

**CONTACT INFORMATION:**

Name of Business or Organization \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

**DESCRIPTION OF WORK:**

Please describe the proposed work to be performed, location of work on the property or structure, and explain how it will improve the appearance or access of the subject property. Please attach all supporting documentation including any plans, specifications, and photos.

---

---

---

---

**SIGNATURE:**

I/We certify the above information is correct to the best of my knowledge, and that I/We authorize the Enfield OCD to verify the facts stated. I/We also understand giving false statements or information will automatically terminate this application. I/We certify that this application does not in any way constitute a binding agreement between the Enfield OCD and the said applicant(s) for the funding assistance for commercial property improvements. I/We have read and fully understand the Commercial Revitalization Incentive Grant application requirements, and agree to comply with the Grant Requirements as they are stated above.

Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Please return to:

**TOWN OF ENFIELD  
OFFICE OF COMMUNITY DEVELOPMENT  
786 F ENFIELD STREET  
ENFIELD, CT 06082  
PHONE: 860-253-6390  
FAX: 860-253-6400  
E-MAIL: [pbryanton@enfield.org](mailto:pbryanton@enfield.org)  
WEB SITE: [www.enfield-ct.gov](http://www.enfield-ct.gov)**

TOE-OCD 05/2008