



## Downtown Building Restoration Program

Community Development  
925 S. Main Street  
Lebanon, Oregon 97355

TEL: 541.258.4256  
cdc@ci.lebanon.or.us  
www.ci.lebanon.or.us

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 \_\_\_\_\_

Option applicant is applying for:  Option 1: Interest Grant  Option 2: Micro Grant

**Important:** If the applicant is not the building owner, attach a letter from the building owner providing consent and permission for the proposed façade renovation.

Proposed Project Description: (Attach additional pages if needed)

Estimated Total Cost of Project: \$ \_\_\_\_\_  
(Please include quotes from contractors)

**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