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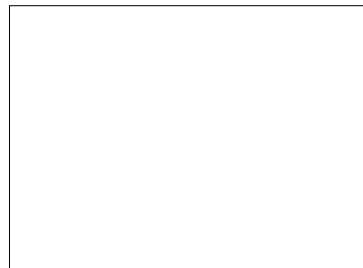
DAN RUSSELL

PAT PERNO

LYNN HAVEN COMMUNITY REDEVELOPMENT AGENCY

APPLICATION RESIDENTIAL PAINT PROGRAM

This program is designed to promote the enhancement of residential buildings within the Lynn Haven Community Redevelopment Area (CRA). Lynn Haven CRA will pay for power washing the residence and painting materials if the home owner agrees to paint his or her residence. The maximum amount for the abovementioned service and material per residence is \$750. The program is being offered on a first-come, first-served basis. The CRA Board reserves the right, at its sole discretion, to make any final determinations as to how this program will be offered and implemented.



DATE OF SUBMITTAL

APPLICANT INFORMATION

Property Owner

Last Name: _____

First Name: _____

Street Address: _____ City: _____ State: ___ ZIP: _____

Phone: _____ Email: _____

SUBJECT PROPERTY INFORMATION:

Street Address: _____

Parcel ID #: _____ - _____ - _____

brief site description if part of property: _____

City: ___Lynn Haven_____

State: _FL_ ZIP: _32444_

PROJECT INFORMATION:

YES

NO

- 1. Is the residential building located within the Lynn Haven CRA? YES NO
- 2. Does the property have a residential building? YES NO
- 3. Are all residential buildings on the property at least ten years old? YES NO
- 4. Has the vegetation around the residence been trimmed to gain sufficient access to the exterior wall? YES NO
- 5. I agree to potentially work with third parties in order to successfully complete this project YES NO
- 6. Did I select a muted pastel or earth tone shade for this project? YES NO
- 7. Please describe the desirable color selection for this project. Please use to Sherwin Williams color coding:

Main Color: _____ Trim Color 1: _____ Trim Color 2: _____

- 8. Does the color selection complement the existing buildings in the neighborhood? YES NO

9. I hereby grant property access to the power washing company hired by the Lynn Haven CRA for this project. _____ (initial)

10. I plan to complete this paint project by _____ (mm/dd/yy) .

11. I hereby acknowledge as the property owner or its representative that a Façade Preservation Easement will be recorded for this property for five years starting with the project completion date. _____ (initial)

Please attach the following documents to this application*:

- 1. A legal description of the property (see baypa.net)
- 2. Pictures of the property showing the trimmed vegetation.
- 3. If the applicant is not the owner, a signed and notarized statement must be submitted giving an individual the rights and responsibilities of representing the owner and the property to and before agents of the Lynn Haven CRA in any discussions, negotiations or issues regarding this program and/or property.

* Applications without required attachments will not be considered.

Complete applications should be submitted to the Lynn Haven CRA office located at 817 Ohio Ave., Lynn Haven, FL 32444. For further information, please contact CRA Director Ben Janke at 850-265-2121 or bjanke@cityoflynnhaven.com.

I hereby submit this form and all required attachments as application to the Lynn Haven Community Redevelopment Agency (CRA) to be considered for the Residential Paint Program. **I understand the Lynn Haven CRA Board has, at its sole discretion, the right to final determination for all aspects of the Residential Paint Program.** This final determination may include, but not be limited to, ranking of applicants, final amount granted to any applicant, and applications to be funded.

Owner's Signature

Date