

# PROJECT FACELIFT LACON, ILLINOIS

**GOAL:** The primary goals of *Project Facelift* is to visibly enhance the commercial district, encourage economic revitalization, and create an attractive, well-maintained environment that reflects a thriving business community.

1. Eligible funding for one project a year to any commercial business located in the Central Business TIF District, within the boundary of Prairie Street East to Marina Drive West and one block North and South of Fifth Street.
2. This program funding cannot be used in conjunction with any other city-assisted programs. (TIF funds).
3. \$50.00 per lineal foot is available for retail business.
4. Forms will be available at Lacon City Hall. All applications must be signed and returned within 30 days. Projects must be completed within 6 months of grant approval to receive your funding. The Economic Development Committee must approve all time extension.
5. Description of exterior improvements, front and/or side facing street (alleys excluded) and approximate cost must be furnished with application in order to qualify.
6. When application has been completed and submitted with all qualifications met, your project will be placed on the funding list on a first come, first served basis.
7. Project facelift funds will be released upon proof of completion.
8. The Economic Development Committee encourages you to purchase materials for your project locally, and where possible use local contractors.
9. The City of Lacon has provided certain guidelines for storefront renovations to help in creating a business district with “Welcoming Touch / Curb Appeals”.
10. It is desired that buildings currently having cornices be preserved.
11. Exterior upgrades should be consistent with surrounding buildings.

**PROJECT FACELIFT  
LACON, ILLINOIS  
APPLICATION FORM**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Property Tax ID# \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Amount of Financing requested: \$\_\_\_\_\_

Begin Construction date: \_\_\_\_\_

Please attach the following:

1. Brief explanation of project.
2. Dimensions of the building.
3. Contractors statement including cost estimate of repairs

**NOTE:** All applicants will be reviewed by the Economic Development Committee for approval and recommended to the City Council. All *Project Facelift* Grants paid from the City of Lacon TIF District 1 must be approved by the Lacon City Council.

*The undersigned certifies and warrants that the best of his / her knowledge the information contained in this Project Facelift Application Form is true, correct and complete.*

\_\_\_\_\_, \_\_\_\_\_  
Applicant Date

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**THIS SECTION FOR CITY USE ONLY:**

Date application issued: \_\_\_\_\_

Date completed Application returned and submitted to City on \_\_\_\_\_

Project approved by Economic Development Committee:

\_\_\_\_\_ Yes (Date: \_\_\_\_\_) \_\_\_\_\_ No (Date: \_\_\_\_\_)

Project approved by Lacon City Council:

\_\_\_\_\_ Yes (Date: \_\_\_\_\_) \_\_\_\_\_ No (Date: \_\_\_\_\_)