

## Downtown Building Restoration Program

Community Development 925 S. Main Street Lebanon, Oregon 97355

TEL: 541.258.4906 cdc@ci.lebanon.or.us www.ci.lebanon.or.us

Applicant nan	ne		
Property Add	ress		
Mailing Addre	ess (if different)		
Phone	Email		
Applicant is:	☐ Building & Business Owner	☐Tenant/Business Owner	☐Building Owner
<u>If the applican</u>	t is not the building owner, plea	se provide the following:	
Building Own	er Name		
Mailing Addre	ess		
City	State_	Zip	
_	f the applicant is not the buildir ing consent and permission for	_	_
Proposed Pro	ject Description: (Attach addit	tional pages if needed)	

Estimated Total Cost of Project: \$ (Pl	ease include quotes from contractors)
Certification	
correct to the best of my knowledg	ALL information contained in this application is true and e. I acknowledge that the funding source of the DBR I understand that I must comply with all the regulations
Applicant's Signature	 Date