



## 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 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 \_\_\_\_\_

**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)

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