

Part A: Property Information

Instructions: Please refer to instructions for each section to ensure proper completion of the form.

Section 1 – Building Layout: Please identify what ward and zone the business is in by referring to both ward and zone maps provided in Appendix E Please identify layout of the property by providing the number of units located in the property, both residential and commercial, total sq footage, and number of floors.

Location:

(Ward)	(Zone)	(Block #)	(Lot #)

Number Of Units:

(Residentials)	(Commercial)

Building Layout:

(Total Sq. Footage)	(Number of Floors)

Section 2 – Exterior Material: Please list the current materials of business exterior in the sections listed in section 2.1 on page 12. Please provide count for applicable sections such as windows. If there are sections which are not applicable, please mark N/A as response.

***Note:** Current photo of business façade must be provided with application.

Section 2.1 – Exterior Materials:

Sections	Materials	Count
Storefronts	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Others <input type="checkbox"/> Stucco <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl If others are marked, list out material(s). 1. _____ 2. _____	
Windows	Frame <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> N/A <input type="checkbox"/> Aluminum <input type="checkbox"/> Clad <input type="checkbox"/> Others If others are marked, list out material(s). 1. _____ 2. _____	
	Pane(Glass) <input type="checkbox"/> Laminated <input type="checkbox"/> Tempered <input type="checkbox"/> Others <input type="checkbox"/> Insulated <input type="checkbox"/> Float <input type="checkbox"/> N/A If others are marked, list out material(s). 1. _____ 2. _____	
Entryways	<input type="checkbox"/> Steel <input type="checkbox"/> Iron <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plexiglass <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Others If others are marked, list out material(s). 1. _____ 2. _____	
Signage/ Awning	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Others <input type="checkbox"/> Aluminum <input type="checkbox"/> Acrylic <input type="checkbox"/> Metal <input type="checkbox"/> N/A If others are marked, list out material(s). 1. _____ 2. _____	
Lighting	<input type="checkbox"/> Plastic <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> N/A <input type="checkbox"/> Copper <input type="checkbox"/> Brass <input type="checkbox"/> Others If others are marked, list out material(s). 1. _____ 2. _____	
Security	<input type="checkbox"/> Cameras <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Access Control <input type="checkbox"/> Security Shutter <input type="checkbox"/> Others <input type="checkbox"/> N/A If others are marked, list out system(s). 1. _____ 2. _____	
Building Caps/ Cornices	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Others <input type="checkbox"/> Stone <input type="checkbox"/> Plaster <input type="checkbox"/> N/A If others are marked, list out material(s). 1. _____ 2. _____	