



## Downtown Façade Grant Application

*Tax Increment Program Funded through JCDA with Support from the City of Johnson City and Washington County Governments through the Adopted Redevelopment Plan*

The application evaluation criteria are found in the most recent copy of the Downtown Johnson City Façade Grants Program Guide available online at [jcdatn.org](http://jcdatn.org) or by request from the JCDA. Assistance with applications is available from JCDA staff. Pre-application meetings with the JCDA staff and the City of Johnson City Department of Development Services are recommended and encouraged. (Contact Resources can be found at the bottom of this page.) Please note that incomplete applications will be denied. Reimbursement will be provided for work performed only after façade grant approval.

**Please contact the Johnson City Development Authority Executive Director for assistance:**

Patricia C. Oldham, AICP, TCEcD, Executive Director,  
Johnson City Development Authority  
Downtown Johnson City Foundation  
[oldham@thejcda.org](mailto:oldham@thejcda.org) 423-342-3540 (office)

**Submission instructions:** Please submit application by email to the Johnson City Development Authority

1. Zip all file/folder attachments. <https://tinyurl.com/ZIP/TIF> (zip instructions)
2. Send the completed form and the zipped files to [submit@thejcda.org](mailto:submit@thejcda.org)
3. Files will be distributed electronically with the TIF review team.

**Please attach all required supplementary materials to the application. If additional space is needed to answer completely, please attach additional sheets.**

**CHECK FIRST: Any Façade Grant property must be located within the Downtown Redevelopment Plan boundary or the Johnson City Downtown Historic District.** (Link below to map)

Is the building within the Johnson City Downtown Historic District?  Yes  No

[https://www.johnsoncitytn.org/services/planning\\_and\\_development\\_services/planning\\_\\_\\_zoning\\_/historic\\_preservation\\_php](https://www.johnsoncitytn.org/services/planning_and_development_services/planning___zoning_/historic_preservation_php)

**ATTACH** the Historic Zoning Commission Certificate of Appropriateness, if within the historic district.

Is the project within the Tax Increment Financing Redevelopment Plan boundary?  Yes  No

**ATTACH** (if only in the TIF Redevelopment Plan Boundary) the Department of Development Services approval that the project has met Downtown Design Guidelines.

Is the building under an order from the Board of Dwelling Standards or Code Enforcement?  Yes  No

**Resource Contact Information:**

- Johnson City Development Authority: 423-342-3540 [oldham@thejcda.org](mailto:oldham@thejcda.org)
- City of Johnson City Tennessee Planning Division: 423-434-6071 <https://tinyurl.com/planninganddev>
- Washington County Trustee Property Tax Look Up: 423-753-1602 <https://tinyurl.com/wctntaxlookup>

**LEGAL APPLICANT:**

**Is the applicant the property owner of record?** Yes  No

Full Owner Name \_\_\_\_\_

Site Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Main Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**If applicable:**

Parent Company: \_\_\_\_\_ Headquarters Address: \_\_\_\_\_

**AUTHORIZED DEVELOPMENT TEAM CONTACT AND OTHER PROFESSIONALS:**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Main Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

How affiliated with the property owner(s)? \_\_\_\_\_

**SITE CONTROL:**

**NAME AND ADDRESS OF ALL PERSONS OR ENTITIES WITH AN OWNERSHIP INTEREST IN THE PROPERTY:**

**Attachment:** Proof of property ownership or written, notarized, affidavit granting permission for the project from the owner.

**Attachment:** The owner and applicant must provide documentation that all taxes, insurance, and mortgage payments are paid and current, without any outstanding fees or delinquencies.

**If the applicant selected YES as a property owner on page one, only list all ADDITIONAL owners.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

How long have you owned the property? \_\_\_\_\_

Do you own additional properties in downtown Johnson City? Yes  No

Do you operate an income producing business in the requested property? Yes  No

If, yes, what is the name of the business? \_\_\_\_\_

Are you required to have flood insurance? Yes  No

**INCLUDED PROPERTIES**

**List all properties needed for the proposed project:**

List all Washington County Tax Parcel ID numbers for the property involved and City Official Zoning Map Classification

	Map	Group	Parcel	Occupied or Vacant (O) or (V)	E-911 Address
<b>Tax Parcel ID</b>					
<b>Tax Parcel ID</b>					
<b>Tax Parcel ID</b>					
<b>Tax Parcel ID</b>					

**PROJECT DESCRIPTION, COSTS, AND SCHEDULE:**

Provide a description of the proposed project.

- written contractor estimates of all costs, listing materials and specifications, equipment rental, etc. to total the final cost (should match Assistance Requested below);
- photographs of existing building conditions that clearly identify renovation areas;
- if proposing non-structural changes, provide a representative sketch or drawing of the façade modifications
- if proposing structural changes, architectural or engineering plans must be provided and submitted for approval as required by the City of Johnson City,
- expected construction schedule. All projects are to be completed within six (6) months of application approval

**ASSISTANCE REQUESTED:**

State how much financial assistance are you are requesting for reimbursement (up to 50% of primary façade up to \$10,000 and 25% of street facing side façade up to \$5,000. Larger grants may be awarded on a case-by-case basis for projects with substantial economic impact, job creation, and sales tax generation, per program requirements.

Work Area	Costs (see Max)	Multiplied by Percentage of Reimbursement	Total Final Amount of Request
Primary Façade		50%	
Street Facing Façade		25%	
Street Facing Façade		25%	
<b>Total Costs</b>		Total Request:	

**INVESTMENT PARTNERS:**

List specifically any additional public funding amounts received, in application, or anticipated to be sought from other sources, grants, or funds, including the City of Johnson City, Washington County, the State of Tennessee, federal sources, etc. and how it will be utilized in the project:

**CAPITAL INVESTMENT:**

Please explain the public benefit to the City of Johnson City and Washington County that will result from the development of this project and how tax increment façade grant funding is a key element of the financing package and that the project would not otherwise be undertaken in its proposed form without these funds.

**PUBLIC BENEFITS:**

Explain this façade improvement (a) can create potential for other development, (b) serve as an economic stimulus, and (c) contribute to the improvement of downtown Johnson City for business and residents.

**Applicant Agreement:**

I, \_\_\_\_\_ the owner or authorized applicant, for a façade grant for the property located at \_\_\_\_\_ agree that the Johnson City Development Authority (JCDA) shall approve or deny the application and/or grant based on adopted criteria and priorities. I have received and reviewed the Downtown Johnson City Façade Improvement Grant Program Guide and will comply with the program criteria and if applicable, the Tax Increment Financing Fund Requirements. I understand that this grant is a reimbursement grant after work has been completed according to the above description.

All work must meet City of Johnson City, Tennessee building codes, zoning ordinances, and city code, and applicants are responsible for obtaining all permits before beginning any work. Any and all changes in the scope of the work that may arise during the renovation process must be approved by the JCDA prior to any work being initiated or completed.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For official use, to be completed by JCDA staff:**

Date application was received: \_\_\_\_\_

Visit to property completed on: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Is this map in a FEMA flood zone? Yes No

Review tax parcel ID from Washington County Assessor's Office for property confirmation.

Tax Parcel ID			
Tax Parcel ID			
Tax Parcel ID			

	Johnson City	Washington County
Current Appraised Value		
Current Annual Tax		

Confirmation of location in or out of the Downtown Historic District:

Confirmation of location in the Johnson City Redevelopment Area:

Meets criteria in TIF Guidelines and Redevelopment Plan: Yes No

Forwarded to TIF Advisory Committee for Review: Yes No

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DATE SCHEDULED FOR REVIEW BY TIF ADVISORY COMMITTEE. \_\_\_\_\_

TIF ADVISORY COMMITTEE DECISION: DATE: \_\_\_\_\_ APPROVED DENIED

**APPROVAL SIGNATURES:**

\_\_\_\_\_ DATE: \_\_\_\_\_  
TIF ADVISORY CHAIRMAN

\_\_\_\_\_ DATE: \_\_\_\_\_  
EXECUTIVE DIRECTOR:



**Downtown Johnson City Facade Improvement Grant Program  
Reimbursement Form**

**Applicant Information**

Name of Applicant and Project \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone number of Applicant: \_\_\_\_\_

Email address of Applicant: \_\_\_\_\_

Address of work: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

**Required Attachments Checklist:**

- Completed reimbursement form.
- Photographs of completed work.
- Itemized list of expenditures.
- Copies of all invoices and all receipts and/or canceled checks as proof that materials and contracted improvements have been paid. Include name, address, phone number(s) of contractor(s).
- Statements certifying that all the suppliers and contractors have been paid.

*To be coordinated by the JCDA:*

- Satisfactory inspection by the Johnson City Development Services Department - Code and Planning Divisions.
- Satisfactory inspection by the JCDA to ensure all work completed conforms to work proposed.

Applicant Signature \_\_\_\_\_

**Submit All Completed Documentation for Reimbursement:**

Johnson City Development Authority  
[submit@thejcda.org](mailto:submit@thejcda.org)  
300 E. Main Street. Suite 102, Johnson City, TN 37601

Approval for Reimbursement	
Amount approved for reimbursement: _____	
_____ Johnson City Development Services	_____ Date
_____ JCDA	_____ Date