

CITY OF MONMOUTH – APPLICATION FOR
DOWNTOWN TIF COMMERCIAL BUILDING REHABILITATION PROGRAM

Name of Applicant (Building Owner): Alberto AIFANO

Mailing Address: 206 South Main St City/State/Zip: Monmouth, IL, 61462

e-Mail Address of Owner/Applicant: albertoalfano65@gmail.com Phone: (309) 536-0970

Detailed Description of Eligible Interior Rehabilitation Work: no Interior Work

Detailed Description of Eligible Exterior Rehabilitation Work: Replace complete roofs on 204 South Main Street and 206 South Main Street, including form covering and sealant, with a 12 year warranty

Cost of Interior Work (Attach Contractor Cost Estimate(s)): N/A

Cost of Exterior Work (Attach Contractor Cost Estimate(s)): \$13,899.00

Total Cost of All Rehabilitation Work (Eligible and Ineligible Costs): \$13,899.00

Attach photographs of work areas of building _____ YES NO

I, (print name of building owner) Alberto Aifano, do hereby request financial assistance from the City of Monmouth under its Downtown TIF Commercial Building Rehabilitation Program. My signature below certifies that I have read and understand the guidelines published for this program and assert that, to my knowledge, the proposed improvements for the rehabilitation of my commercial building located at 204-206 S. Main St., Monmouth, Illinois, are eligible under the Program guidelines. I further agree to comply with all municipal zoning, building, electrical, plumbing, mechanical, and sign regulations and will obtain all permits as may be appropriate. I understand that any financial assistance that may be provided by the City under this program will be in the arrangement of a reimbursement upon completion of the rehabilitation work and the issuance of a Certificate of Occupancy by the City of Monmouth. I understand that I will be responsible for repaying the City a portion or the entirety of the amount of financial assistance should I fail to operate a viable business enterprise within the rehabilitated space for a period of less than 5 years.

Applicant/Owner's Signature [Signature] Date: April 26, 2021

Received by the City: April 26, 2021
Date

Qualifies for \$4,170 TIF Reimbursement

Andy's Roofing and CONSTRUCTION LLC

Proposal

181 90TH AVENUE • Smithshire, IL 61478 • 309-333-5806
 andys.roofingco@gmail.com • andysroofingco.com
 Lic. #104-018552

Proposal Submitted To:

Work To Be Performed At:

Name Alberto Alfano
 Street _____
 City _____ State _____
 Phone 309-536-0970

Alfano's Pizza
 Street 206 S Main St.
 City Monmouth State IL
 Date of Plan 3- Architect _____

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Pressure wash Roof with Surface Cleaner
Etch Roof with Etching Cleaner
Apply 1" Foam on 2200 sq. Ft. Section.
Prime with Prime Time Primer
Apply Bench Mark Base coat
Seal Entire Roof with Puma XL Top Coat
A 12 year non prorated warranty will be Issued upon
Completion And Final payment.
PD \$7000.00 down CK # 7001
Thank You.

Dollars (\$ 13,899.00 / 100)

with payments to be made as follows: 50% with Acceptance of Contract
Remainder when Job is Completed

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work.

Authorized Signature [Signature]

Right of Rescission

The Homeowner(s) has the right to cancel this contract within 3 days from the date of this signed agreement by all parties involved with this agreement.

Note - This proposal may be withdrawn by us if not accepted within 30 days.

DATE: _____

Right of Rescission

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date _____

Signature [Signature]

Signature _____