

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

Name of Applicant (Building Owner): Scott Haase

Mailing Address: Power's - 103 Market Alley City/State/Zip: Monmouth, IL 61462

e-Mail Address of Owner/Applicant: shaase34@gmail.com Phone: 309-335-5699 cell

Detailed Description of Eligible Interior Rehabilitation Work: Install new wood and tile flooring around bar, back room, closet, doors and behind bar. Paint ceilings. Install five (5) overhead full view doors in walls. Install new furnace, air conditioner and hot water heater with new water service line and outside hydrants.

Detailed Description of Eligible Exterior Rehabilitation Work: Refurbish front and rear facades and install aluminum transition back door. Paint exterior front wall and install a new double-sided illuminated swing sign with new lighting.

Cost of Interior Work (Attach Contractor Cost Estimate(s)): \$100,480.92

Cost of Exterior Work (Attach Contractor Cost Estimate(s)): \$71,900.50

Total Cost of All Rehabilitation Work (Eligible and Ineligible Costs): \$172,381.42

Attach photographs of work areas of building _____ YES _____ NO

I, (print name of building owner) Scott Haase, 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 103 Market Alley, 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: 9-26-2023

Received by the City: 9/26/23
Date

Recommend \$45,467.69 (26.4%)