

ECHNA HISTORIC PRESERVATION GRANT APPLICATION

BUILDING/ PROPERTY NAME: _____
 PROPERTY ADDRESS: _____

APPLICANT INFORMATION

NAME _____ OWNER TENANT
 MAILING ADDRESS: _____
 PHONE NUMBER: _____ EMAIL: _____
 NAME OF PROPERTY OWNER (IF DIFFERENT THAN APPLICANT): _____
 DESCRIPTION OF PROPOSED RENOVATION (ATTACH SUMMARY IF NEEDED): _____

PROJECT INFORMATION

TOTAL ESTIMATED COST OF RENOVATION: _____
 CHECKLIST FOR COMPLETE APPLICATION:
 (1) I have read the Historic Preservation Grant outline and I fully understand the agreement. _____
 (2) I have met with the City Building Inspector. My Project does does not require Inspectors signature.
 (3) I have met with the Historic District Planner. My Project does does not require the Planners Signature.
 (4) A Certificate of Appropriateness is attached, if applicable. _____
 (5) I have complied with the Secretary of Interiors Standards for Rehabilitation. _____
 (6) The owner's written permission is attached, if applicable. _____
 (7) Design plans, pictures, color scheme and samples for project are attached. _____
 (8) Cost estimate from licensed contractor. _____
 Total Reimbursement requested \$ _____ (Maximum \$5000/Minimum \$400)

I understand the Historic Preservation Grant must be used in the manner described in this application. I understand that reimbursement is granted upon completion of the project as outlined in this application. I understand I must submit evidence of payment for services and/or materials in order to receive reimbursement. I understand that failure to comply with the approved application may result in the forfeiture of grant funds. I agree to allow ECHNA to publicize this award.

Applicants Signature: _____ Date: _____
 City Building Inspector Signature: _____ Date: _____
 Historic District Planner Signature: _____ Date: _____
 ECHNA Chairman Signature: _____ Date: _____
 (Completed Application Received On)
 ECHNA Treasurer Signature: _____ Check #: _____ Date: _____



ECHNA
ELIZABETH CITY
HISTORIC
NEIGHBORHOOD
ASSOCIATION

HISTORIC
PRESERVATION
GRANT
PROGRAM

Post Office Box 247
 Elizabeth City, NC 27907

www.echna.org

ECHNA is a 501(c)(3) organization
 Contributions are tax deductible as allowed by IRS

PURPOSE OF ECHNA HISTORIC PRESERVATION GRANT PROGRAM

- To promote restoration of historic structures.
- To help preserve the character of Elizabeth City's Historic Districts.
- To create incentives for quality design projects.
- To educate the community on the importance of preservation and the role historic structures play in building community identity.

ELIGIBILITY REQUIREMENTS

An owner or tenant of a property located within one of the National Register Historic Districts within the City of Elizabeth City may apply.

Tenants must submit owner's written permission with application.

USE OF GRANT FUNDS

- Grant funds may be used for structural repairs or exterior restoration to historic buildings located in one of Elizabeth City's Historic Districts.

AWARDS AVAILABLE

- Qualifying projects are eligible for a grant up to \$5,000 on a 50/50 matching, reimbursement basis.
- The minimum project eligible for a 50/50 grant is \$800 (\$400 grant).

GUIDELINES

- 1) The City of Elizabeth City Historic District and/or the Secretary of Interior's standards for rehabilitation shall be used.
- 2) Plans shall respect and reflect the architectural integrity of the entire building and the neighboring streetscape.
- 3) Renovations shall conform to all applicable building codes of the City of Elizabeth City.
- 4) ECHNA reserves the right to withhold approval of grant application if color, design, sign design or other facade component is not deemed appropriate to the historic integrity of the structure and/or the District as a whole.

CRITERIA

- 1) Applications must be approved before work begins. Completed projects are not eligible for grants.
- 2) If required, application must be reviewed and approved by the Historic Preservation Commission or Zoning Administrator, and a Certificate of Appropriateness must be obtained from the City of Elizabeth City and filed with ECHNA.
- 3) If required, application must be reviewed by City Building Inspector for code compliance.
- 4) Upon completion, copies of applicant's cancelled checks and contractor's paid statements must be submitted to receive reimbursement.
- 5) Renovations must be completed within twelve months of project approval unless prior extension is granted.

APPLICATION PROCESS

- 1) Schedule pre-application meeting with ECHNA Grant Committee.
- 2) Complete application, determine project plan and color scheme, and gather photos and samples for project.
- 3) Applicant reviews application with City Building Inspector for code compliance.
- 4) Applicant reviews application with Historic District Planner for compliance with Historic District Guidelines.
- 5) Application is submitted with all other necessary information (see criteria) to ECHNA.
- 6) ECHNA Grant Committee reviews application. A recommendation is presented to the ECHNA Board Of Directors. Board approves or denies, or approves conditionally.
- 7) ECHNA notifies applicant of Board action.
- 8) Applicant may begin work.
- 9) Upon completion of work, copies of applicant's cancelled checks and contractor's paid statements must be sent to ECHNA.
- 10) ECHNA Grant Committee inspects work and determines completion. If so, grant is awarded.
- 11) ECHNA Treasurer issues check to applicant within 30 days.

CONTACT INFORMATION

Elizabeth City Historic
Neighborhood Association
PO Box 247
Elizabeth City, NC 27909
1-888-936-7387
www.echna.org

Elizabeth City Planning Department 337-6672
Elizabeth City Inspections Department 337-6868