



**Town of North Kingstown  
Planning and Development**

**Post Road Corridor  
Façade Improvement Program**

**In order to be eligible for funding this application and all additional documents must be submitted and approved by the Planning Department prior to commencement of work**

**Property Information:**

Property Address:

Tax Parcel ID Number (Plat/Lot):

Property Zoning Classification:

Description of Property:

**Applicant Information:**

Applicant(s) Name:

Applicant(s) Mailing Address:

Phone Number:

Email Address:

What is your legal interest in the property?

property owner  tenant  other:

**If applicant is NOT a legal property owner, please complete the following:**

Property Owner(s) Name:

Property Owner(s) Mailing Address:

Phone Number:

Email Address:

**If property owner is a business entity, please complete the following:**

Form of Ownership  proprietor  partnership  corporation (State: )

Owner Name(s):

Title:

% Ownership:

**If property owner is a business entity, please complete the following (cont'd)**

Primary Contact Name/Title:

Phone Number:

**Occupancy Information:**

Please provide the following information for ALL current business occupants:

Business Name:

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Owner/Manager Name:

Phone Number:

**Project Description: (Please provide as much detail as possible)**

1. Proposed façade improvements:

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Anticipated start date: Anticipated completion date:

Anticipated total cost of entire project (including all improvements):

Anticipated total cost of façade improvements:

Additional comments:

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**ADDITIONAL REQUIREMENTS:**

Please submit the following with completed application:

- I. PHOTOGRAPHS OF EXISTING FAÇADE
- II. PLANS AND/OR ELEVATIONS OF PROPOSED IMPROVEMENTS
- III. LIST AND/OR DESCRIPTION OF MATERIALS TO BE USED
- IV. DETAILED COST ESTIMATES/BIDS FOR PROPOSED IMPROVEMENTS
- V. CERTIFICATE OF TAX COLLECTOR THAT TAXES ARE CURRENT

**Return Completed Application to:**

Nicole LaFontaine  
Director of Planning and Development  
Town of North Kingstown  
100 Fairway Dr.  
North Kingstown, RI 02852  
(401) 294-3331 ext. 310  
[nlafontaine@northkingstown.org](mailto:nlafontaine@northkingstown.org)

or  
Ben Mandel  
Economic Development Principal Planner  
Town of North Kingstown  
100 Fairway Dr.  
North Kingstown, RI 02852  
(401) 294-3331 ext. 315  
[BMandel@northkingstown.org](mailto:BMandel@northkingstown.org)

If applicant is property owner: PROOF OF OWNERSHIP  
OR if applicant is not property owner: PROPERTY OWNER CONSENT FORM

### **PROPERTY OWNER CONSENT FORM**

The undersigned applicant/owner of the existing building located at:

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(ADDRESS) (PLAT/LOT)

certifies that:

(APPLICANT)

operates or intends to operate a business at the above location. The undersigned agrees to permit APPLICANT and his contractors or agents to implement improvements listed on the FAÇADE IMPROVEMENT PROGRAM APPLICATION, dated:

The undersigned hereby waives any claim against the Town of North Kingstown arising out of the use of said program funds for the purposes set forth in the APPLICATION. The undersigned agrees to hold the town harmless for any charges, damages, claims or liens arising out of the APPLICANT's participation in the Façade Improvement Program.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

OWNER:

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Name/Title

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Signature

NOTARY:

State of Rhode Island

County of: \_\_\_\_\_

The forgoing instrument was acknowledged and signed before me this \_\_\_\_\_ (DATE)

by \_\_\_\_\_, who is personally known to me or who has

produced identification.

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NOTARY PUBLIC SIGNATURE

Stamp: