RELOCATION GRANT PROGRAM

Preapplication



I.	Business Condemnation Address:
Π.	Current Titleholders of the Property:
	A. Name: DAVID & ELISE PROPERTIES, LLC
	B. Address: 400 SOUTH MAIN STREET, LOMBARD
	C. Phone: (Work) 630 - 495 - 2990
Ш	. Preceding Titleholders of the Property:
	A. Name: ANTHONY Ja GARY MAZUR
	B. Address: 400 South MAIN STREET, LOMB ARD
	C. Phone: (Work)
IV	. If property is in a Trust, anyone having a Beneficial Interest:
	A. Name: UNKNOWN
	B. Address:
	C. Phone: (Work)
V	. Business Owner(s):
	A. Name: LOMBARD AREA CHAMBER OF COMMERCE & INDUSTRY
	B. Address: 225 WEST STICHARLES PO, LOMBARD
	C. Phone: (Work) 630-627-5040
V	I. Business Relocation Address: 410 LILAC LANE, LOMBARD
Ţ	II. Plans/Drawings prepared by:
	A Name:
	B. Address:

C. Phone: (Work)
III. Identify All Anticipated Relocation Expenses By Source and Cost.
A. Rent differential: RENT WILL BE REDUCED
B. Moving costs: \$750.00
C. Initiation and hook up of new utilities: \$750.00
D. Set up costs of equipment: \$1,000,00 (PHONES COMPUTERS)
E. Interior remodeling: \$5000,00
F. Signage: \$2,000.00
G. Stationary and business cards: \$1200.00
H. Fees: \$100
I. Other incidentals (list): Advertising, Postage, Atty Fees, Office Furniture, Decorating, Architects Fees J. ESTIMATED TOTAL OF ALL RELOCATION EXPENSES: \$16,950.00
IX. Statement of Understanding:
A. The applicant (undersigned) agrees to comply with the guidelines and procedures of the Relocation Grant Program.
B. The applicant further understands that the applicant must submit detailed cost documentation, copies of building permits and all contractors we vers of lien upon completion of work.
C. The business owner(s) and all contractors must comply with all federal and local regulations (see the attached list.) (Date)
Signature(s)
Signature(s)
Application to be Returned to the Village of Lombard
Department of Community Development

255 E. Wilson

Lombard, IL 60148 (630) 620-5756

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