

**RELOCATION GRANT PROGRAM**

**Preapplication**

**I. Business Condemnation Address:** \_\_\_\_\_

**II. Current Titleholders of the Property:**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone: (Work) \_\_\_\_\_

**III. Preceding Titleholders of the Property:**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone: (Work) \_\_\_\_\_

**IV. If property is in a Trust, anyone having a Beneficial Interest:**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone: (Work) \_\_\_\_\_

**V. Business Owner(s):**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone: (Work) \_\_\_\_\_

**VI. Business Relocation Address:** \_\_\_\_\_

**VII. Plans/Drawings prepared by:** \_\_\_\_\_

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Phone: (Work) \_\_\_\_\_

**VIII. Identify All Anticipated Relocation Expenses By Source and Cost.**

A. Rent differential: \_\_\_\_\_

B. Moving costs: \_\_\_\_\_

C. Initiation and hook up of new utilities: \_\_\_\_\_

D. Set up costs of equipment: \_\_\_\_\_

E. Interior remodeling: \_\_\_\_\_

F. Signage: \_\_\_\_\_

G. Stationary and business cards: \_\_\_\_\_

H. Fees: \_\_\_\_\_

I. Other incidentals (list): \_\_\_\_\_

J. ESTIMATED TOTAL OF ALL RELOCATION EXPENSES: \_\_\_\_\_

**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 waivers 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.)

Signature(s) \_\_\_\_\_ (Date) \_\_\_\_\_

Signature(s) \_\_\_\_\_ (Date) \_\_\_\_\_

Application to be Returned to the Village of Lombard  
Department of Community Development  
255 E. Wilson  
Lombard, IL 60148  
(630) 620-5756