



**HISTORIC
PRESERVATION
COMMISSION**

DR. ROBERT G. BONE HISTORIC PRESERVATION GRANT APPLICATION

Approved Denied

Property Address:

Case No.:

Historic District: Cedar Crest Highland Old North Normal n/a

Landmark: Yes No

Construction Date: **Architectural Style:**

Grant Amount Requested:
Not to exceed \$4,000; 2 bid estimates required

Proposed Restoration Work:
Detailed description required on reverse side

Applicant Name: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

- Attach property front elevation photo here -

THIS FORM MUST BE SUBMITTED 2 WEEKS PRIOR TO MEETING. THE HPC MEETS THE 2ND TUESDAY OF EA. MONTH.

Amount Authorized: _____ **Chair Signature:** _____

Conditions of Approval:

REQUIRED

Certificate of Appropriateness Approval Number: _____

Required for grant eligibility

The Bone Grant is for RESTORATION projects ONLY. General maintenance/ repair projects are NOT eligible.
(Definition of Restoration: *the act of restoring or bringing back to a former place, time, or condition.*)

Grants WILL NOT be approved for projects where the work has already begun or been completed.

Eligible project examples: Removing aluminum siding to restore wood siding underneath, removing asphalt roof and replacing with original clay tile, reopening an enclosed porch.

Ineligible project examples: General maintenance and repair projects, painting, re-roofing with non-historic materials, replacing gutters or downspouts, removing original wood of any kind (i.e. siding, windows, doors, porch posts, balusters, trim, brackets, beadboard, etc.)

- 2 comparable professional estimates
- Existing conditions photos
- Proposed work description/ material samples/ scale drawings (**applicant strongly encourage to work with Town staff prior to application submittal**)

Detailed Description of Proposed Restoration Work:

(Please provide cost estimates for all project items)

Project Start Date: _____ **Project Completion Date:** _____

Applicant(s) Signature*

Date

Property Owner(s) Signature* (if same as applicant, please indicate as such)

Date

*Applicant/Owner attests that the above information is complete and true. Violations of any Town ordinance are prosecutable.

RETURN TO: Taylor Long, Associate Planner, Town of Normal – 11 Uptown Circle, Normal, Illinois 61761 (309) 454-9642

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