



Village of Mokena
Property Enhancement Grant
Application

For Office Use Only

Date Received _____

Please fill out application completely. Missing information may delay the approval of your application. For more information, or if you have any questions, please contact the Community Development Department at (708) 479-3930.

Date of Application: ____/____/____

Business Name: _____

Business Address: _____ Unit: _____

Business Phone (____) ____ - ____ Emergency Phone (____) ____ - ____

Business/Store E-Mail address: _____

Local Contact Person: _____

Contractor Information

Architect: _____

Address: _____ City/State/Zip: _____

Office Phone (____) ____ - ____ Cell Phone (____) ____ - ____

General Contractor: _____

Address: _____ City/State/Zip: _____

Office Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Please provide the following items with your application:

- Color rendering of proposed façade improvements, with materials and dimensions
- Letter to the Village Board indicating why you would like to participate in the Property Enhancement Grant Program

By initialing here, I acknowledge that I have received a copy of the "Property Enhancement Assistance Program for the Downtown Area" booklet, and that I have read and understood the terms set forth within. _____

Certification of Applicant

"I hereby certify that all information provided by me in this application is true and correct to the best of my knowledge, information, and belief."

Applicant Signature: _____ Date: ____/____/____

Applicant Printed Name: _____

Village of Mokena ♦ 11004 Carpenter Street ♦ Mokena, IL 60448
Community Development ♦ Phone (708) 479-3930 ♦ Fax (708) 479-1137
communitydevelopment@mokena.org ♦ www.mokena.org

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Application Complete: ☐ Yes ☐ No

Color Rendering of Façade Improvements with dimensions and materials: ☐ Yes ☐ No

Participation letter: ☐ Yes ☐ No

Comments: _____

Board Meeting Approval Date: ____/____/____

Grant Amount \$_____



Village of Mokena
Downtown Area
Sign Grant
Application

For Office Use Only

Date Received _____

Please fill out application completely. Missing information may delay the approval of your application. For more information, or if you have any questions, please contact the Community Development Department at (708) 479-3930.

Date of Application: ____/____/____

Business Name: _____

Business Address: _____ Unit: _____

Business Phone (____) ____ - ____ - ____ Emergency Phone (____) ____ - ____ - ____

Business/Store E-Mail address: _____

Local Contact Person: _____

Please provide the following items with your application:

- Color rendering of proposed sign, with materials and dimensions
- Letter to the Village Board indicating why you would like to participate in the Sign Grant Program

Certification of Applicant

"I hereby certify that all information provided by me in this application is true and correct to the best of my knowledge, information, and belief."

Applicant Signature: _____ Date: ____/____/____

Applicant Printed Name: _____

For Office Use Only

Application Complete: ☐ Yes ☐ No

Color Rendering of Sign with dimensions and materials: ☐ Yes ☐ No

Participation letter: ☐ Yes ☐ No

Sign Grant Guidelines Checklist: ☐ Yes ☐ No

Comments: _____

Board Meeting Approval Date: ____/____/____

Grant Amount \$ _____