

CITY OF GENESEO

FAÇADE COMMITTEE

DECEMBER 1, 2016



City of Geneseo, Illinois

- Incorporated February 16, 1865 -

115 S. Oakwood Ave. • Geneseo, Illinois 61254

Phone (309) 944-6419

Fax (309) 944-8254

Façade Committee
December 1, 2016 12:00 PM

Members:

David Smith
Angie Snook
Marlene Ashpole
Kelli Decap
Jim Ries
Rhonda Ludwig

Contact Person

Rick Mills
Building Inspector
309-944-0910

Agenda

Roll Call

Pledge of allegiance

Public Comment – *Audience requests are limited to 3 minutes per subject. If additional time would be needed, please contact City Hall to be placed on the Agenda prior to the meeting.*

Consent Agenda

- I. Approval of the following meeting minutes:
 - October 6, 2016

Business Items

- I. Consideration of Façade Applications for the following businesses:
 - a. Consideration of request by Four Seasons at 110 S. State Street to repair and replace damaged stucco and paint the rear of the building.
 - b. Discussion on recommendations to the Council on clarification and direction with regards to the Façade Program outline.
- II. Public Comment
- III. Adjournment



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Façade Committee
October 6, 2016 12:00 PM

Members:

Jim Ries
David Smith
Angie Snook
Marlene Ashpole
Kelli Decap
Rhonda Ludwig

Contact Person

Rick Mills
Building Inspector
309-944-0910

Minutes

Roll Call

Chairperson Jim Ries called the meeting to order with David Smith, Rhonda Ludwig, Angie Snook and Marlene Ashpole in attendance at 12:13pm. Kelli DeCap was absent.

Pledge of allegiance

Public Comment – *Audience requests are limited to 3 minutes per subject. If additional time would be needed, please contact City Hall to be placed on the Agenda prior to the meeting.*

Consent Agenda

- a. Minutes from 7/7/16

Committee member Smith requested an addition to the minutes to add the following: “and that the Committee doesn’t have the ability to withhold funds from an applicant. The Browns were asked if they would be correcting the roof line, they replied that they know that they must comply with regards to the roof line.”

Motion by Ludwig, second by Ries to approve the minutes from July 7, 2016 with additions noted.

Voice Vote. All Ayes. 1 Absent.

Motion Carried

Business Items

Consideration of Façade Applications:

Request from Mary L. Koehn from Curious Cargo, requesting reimbursement of 2 signs and repair of the front of the building at 104 N. State Street.

Discussion was held on the 2 signs and the lighting over the signs. Building Inspector Mills stated that the lights were already there and they put up a new sign. He added that the lights look Historic. Smith asked about the code on lighting for signs and guessed that if the business has a lighted sign already that they are probably grandfathered in when the sign ordinance was updated.

Motion by Ludwig, second by Snook to approve the requested reimbursement in the amounts of \$1,762.00 for 2 signs, labor and paint.

Roll Call

Ayes Ries,Ludwig,Smith,Snook,Ashpole

Nays

Absent Decap

Motion Carried

Public Comment

City Administrator Kotter explained how a TIF district works and stated that an argument could be made that painting and replacing an awning or door doesn't necessarily generate increased tax revenue and goes against the grain of how a TIF district is supposed to work. Although it may generate sales tax due to the downtown looking appealing it doesn't make your building necessarily worth more in property tax money generated. So at the next meeting in November it will be on the agenda to hold a discussion on recommendations to the Council on clarification and direction with regards to the Façade Program outline. Smith asked that Inspector Mills have a report at the next meeting as to how long the Façade Program has been in place, how much money has been paid out and how much is available to pay out.

Adjournment

Motion by Ries, second by Ludwig to adjourn the meeting at 12:43 pm.

Voice Vote. All Ayes. 1 Absent.

Motion Carried.

Respectfully Submitted by

Loree K. Phlypo

City Clerk/Recorder



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COMMERCIAL FAÇADE PROGRAM APPLICATION PACKET

BUSINESS OWNER INFORMATION

Business Owner Name: Katie Andrius

Home Address: 1020 Kadel Drive
Geneseo, ILL 61254

Business Name: FOUR SEASONS

Business Address: 110 S. STATE STREET
Geneseo, ILL 61254

Business Phone: 309-944-6516

Fax Number: 309-944-8262

Home Phone: 309-945-2302

Email Address: KATIE@GWKENTERPRISES.COM

If tenant, what is the expiration date of your current lease?

If buyer under contract or tenant, who is the property owner?

Property Owner Name: Katie Andrius

Property Owner Address: 1020 Kadel Drive
Geneseo, ILL 61254

Property Owner Phone: 309-945-2302

Property Owner Fax: 309-944-8262

Property Owner E-mail: KATIE@GWKENTERPRISES.COM

DESCRIPTION OF PROPOSED IMPROVEMENTS

REPAIR + REPLACE DAMAGED STUCCO AT REAR
OF BUILDING
PAINT REAR OF BUILDING

Please submit current photos and any computer generated or artist renditions of the proposed façade improvement.

ITEMIZED ACTIVITY DESCRIPTION

COST

ITEMIZED ACTIVITY DESCRIPTION	COST
REPAIR and REPLACE DAMAGED STUCCO REPLACE CONCRETE ENTRYWAY AT REAR of BUILDING	\$ 5075 ⁰⁰
PAINT REAR of BUILDING	\$ 500 ⁰⁰

TOTAL PROJECT COST:

\$ 5575⁰⁰

AMOUNT OF ASSISTANCE REQUESTED:

\$ 1393.75

APPLICATION CERTIFICATION

I, the undersigned, certify that I have read the program description and requirements for the City of Geneseo Façade Improvement Program. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that the improvements described in this application must receive all required permit approvals from the City of Geneseo prior to the commencement of construction.

Furthermore, I, the undersigned, my successors and assigns, hereby agree to save and hold harmless the City of Geneseo and any of its employees, officers and directors from all cost, injury and damage to any person or property whatsoever, any of which is caused by an activity, condition or event arising out of the performance, preparation for performance or nonperformance of any project improvement included in my application. The above cost, injury, damage or other injury or damage incurred by or to any of the above shall include, in the event of an action, court costs, expenses of litigation and reasonable attorneys' fees.

Katie Andrios

Applicant Name (PRINT)

10/4/2014
Date

Katie Andrios

Applicant Signature

CONSENT FROM PROPERTY OWNER (Required if different from Applicant)

Property Owner Name (PRINT)

Property Owner Signature

Date

*****Office Use Only*****

Application is: _____ Approved _____ Denied

Review Committee Chair

Date

City Administrator

Date

Planning and Development Director

Date



4
seasons

OPEN 10:00 AM - 6:00 PM
MON - SAT

101

DAVE GORETH
WALLCOVERINGS-PAINTING-FINISHING
321 E. PEARL ST.
GENESEO, ILLINOIS 61254
dg321@mchsi.com
309-944-2928

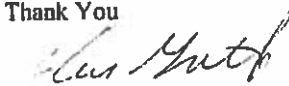
Oct. 5 2016

George Kutsunis
Four Seasons
110 S. State St.

Painting rear entrance exterior and gutter.

Amount due---\$500.00

Thank You



Dave Goreth

Double S Masonry & Carpentry
 1 Edgewood Drive
 Geneseo, IL 61254

DATE	INVOICE #
10/26/2016	3919

COPY

BILL TO
Four Seasons/Geneseo 110 S. State Street Geneseo, IL 61254

TERMS	DUE DATE	PROJECT
Due on receipt	10/26/2016	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Labor & Material	Cost to remove old concrete and install new, replace bottom of stucco around back entrance of building, repair back door to gas meter and repair aluminum siding around window		5,075.00	5,075.00
<p>All guarantees implied or written are void if bill is not paid within 10 days. I understand that any failure to pay as indicated, all guarantees will be void and I will pay all cost of collection including reasonable attorneys fees, court costs, and 1 1/2% interest after 30 days.</p>			Total	\$5,075.00

**CITY OF GENESEO
FAÇADE PROGRAM**

The City of Geneseo realizes the importance of an attractive and appealing building that will entice shoppers to enter your store. The City of Geneseo is proposing a façade program using Tax Increment Financing (TIF) revenues to help owners of commercial and industrial properties within specific TIF districts to repair or remodel their facade for their own business or on behalf of tenants. Program participants can receive matching grants to cover up to 25% of the cost of the improvement with a maximum grant of \$25,000.00.

OBJECTIVE

To help local industrial and commercial businesses expand and create or maintain employment opportunities for Geneseo residents.

QUALIFICATIONS AND RESTRICTIONS

Expenses eligible for a Tax Increment Financing Grant include:

- ❖ 25 % New windows
- ❖ 100% of the cost of maintaining the architectural “look” of the round top window. This is only the net difference of a “square” top and a “round” top. The rectangular window still only qualifies for a 25% reimbursement.
- ❖ 25% Sign removal and replacement
- ❖ 25% Tuck-pointing
- ❖ 25% Paint (total must exceed \$1000.00) (exterior paint only)
- ❖ 50% of paint only for a mural. Mural must have committee approval first.
- ❖ 50% reimbursement for new canvass awnings

Tax Increment Financing grants are provided to property owners after remodeling work is completed and all expenses are paid. Residential property, residential components of mixed-use buildings, and property leased to fast-food chains and certain other businesses are not eligible for the program. Vacant business property in the downtown business TIF is eligible, but grants are not paid until the space is occupied by a business tenant. **The maximum grant for each parcel is \$25,000.00.** Grants will only be available based on the amount of available TIF revenue funds. . If the funds are ever exhausted, the façade program will be discontinued.

SCENARIO – Limitation of use of TIF Funds –We can’t use TIF funds for indoor work.

Building owner does the following

	Total Cost	City Grant	
Facade	\$8,000.	\$2,000	Eligible Façade
Signage	4,000.	1,000.	Eligible – Sign
Window	1,000.	250.	Eligible – Window
Additional Cost Only Window	500.	500.	Added cost to owner
Total Improvement	\$13,500.	\$3,750.	Total Façade Grant

APPROVAL OF FAÇADE GRANTS

1. The property owner would complete an application and file it with the Building Inspector.
2. The Building Inspector would review the proposed improvements and determine what projects could qualify.
3. He would contact the Façade Committee made of five (5) property owners from the Downtown TIF area as selected by the Geneseo Chamber of Commerce and the Mayor.
4. This Committee would meet, as needed, and review the application to ensure the proposed improvements meet the guidelines of the Chipman Design Plan, as to color and esthetic look of the improvements.
5. The Façade Grant would be reimbursed on a first come, first serve basis.
6. If the TIF funds are depleted the property owner would have to wait for available funds.



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COMMERCIAL FAÇADE PROGRAM APPLICATION PACKET

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Business Owner Name: _____

Home Address: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Fax Number: _____

Home Phone: _____

Email Address: _____

If tenant, what is the expiration date of your current lease?

If buyer under contract or tenant, who is the property owner?

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____

Property Owner Fax: _____

Property Owner E-mail: _____

DESCRIPTION OF PROPOSED IMPROVEMENTS

Please submit current photos and any computer generated or artist renditions of the proposed façade improvement.

ITEMIZED ACTIVITY DESCRIPTION

COST

ITEMIZED ACTIVITY DESCRIPTION	COST
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TOTAL PROJECT COST:

AMOUNT OF ASSISTANCE REQUESTED:

APPLICATION CERTIFICATION

I, the undersigned, certify that I have read the program description and requirements for the City of Geneseo Façade Improvement Program. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that the improvements described in this application must receive all required permit approvals from the City of Geneseo prior to the commencement of construction.

Furthermore, I, the undersigned, my successors and assigns, hereby agree to save and hold harmless the City of Geneseo and any of its employees, officers and directors from all cost, injury and damage to any person or property whatsoever, any of which is caused by an activity, condition or event arising out of the performance, preparation for performance or nonperformance of any project improvement included in my application. The above cost, injury, damage or other injury or damage incurred by or to any of the above shall include, in the event of an action, court costs, expenses of litigation and reasonable attorneys' fees.

Applicant Name (PRINT)

Applicant Signature

Date

CONSENT FROM PROPERTY OWNER (Required if different from Applicant)

Property Owner Name (PRINT)

Property Owner Signature

Date

*****Office Use Only*****

Application is: _____ Approved _____ Denied

Review Committee Chair

Date

City Administrator

Date

Planning and Development Director

Date

City of Geneseo
Commercial Façade Improvement Program
Reimbursement Request Certification

SUBMITTAL FOR REIMBURSEMENT

Please submit the following information to the Planning and Development office once approved work is complete for grant payment:

- * This signed Reimbursement Request Certification
- * Copies of invoices stamped “PAID” from all contractors, companies, individuals
- * Proof of payment (limited to copies of canceled checks and/or credit card receipts)
- * Digital Photos of all building facades visible from the public right-of-way. A signed and notarized Applicant’s Affidavit for Reimbursement form provided by the City of Geneseo
- * Applicant’s Affidavit for Reimbursement (Attached)

CERTIFICATION

I, the undersigned, warrant that all representations of the application submitted under the program are true and accurate and that there has been no material change which would in itself or cumulatively with other events impair the profitable functioning of my business operation. All agreements, warranties and representations made to the City of Geneseo are true at the time they were made and shall remain true at the time of submittal for reimbursement under the program. The City of Geneseo may in its sole option cancel its assistance commitment either in whole or in part for failure to comply with the requirements of this grant program or applicable City Codes and Regulations.

Applicant Name (PRINT)

Applicant Signature

Date

APPLICANT’S AFFIDAVIT FOR REIMBURSEMENT

STATE OF ILLINOIS)
) SS
 COUNTY OF Henry)

TO: The City of Geneseo

The undersigned, _____ (Name) being duly sworn, deposes and says that he or she is the Owner/Tenant (strike one) of the property located at _____ (the “Premises”) and has applied for a façade improvement reimbursement from the Geneseo for _____ (the “Work.”).

The total amount of the reimbursement approved is \$_____ toward which I, as Owner/Tenant (strike one), have as of this date paid \$_____. I hereby attest that I have not received any other funds from a third party to pay for the Work which is paid for by this reimbursement.

The attached proof of payment is true, correct, and genuine, and delivered unconditionally and the work set forth in said proof of payment has been completed and/or the materials set forth in the attached proof of payment has been used in connection with the Work in the Premises.

Upon payment of \$_____ from the City of Geneseo, there shall be nothing due or to become due from the City of Geneseo in connection with the disbursement of the approved reimbursement amount from the City of Geneseo based on the documentation submitted to the City of Geneseo for the work set forth in said proof of payment.

Date:_____Signature:_____

SUBSCRIBED AND SWORN

to before me this _____ day of _____, 20__.

 Notary Public

