



Village of _____
AMITYVILLE
New York

**Village of Amityville
DRI Business Façade Improvement Program
Application**

Application Date: _____ Submitted by: _____

Project Name: STORE FRONT, FAÇADE, AWNINGS

Applicant Name: PINAL PATEL

IRS EIN #, ITIN #, or SS #: 87-4244326

Applicant Phone Number: 516-884-2886

Email Address: MINESHPATEL_04@HOTMAIL.COM

Site Address: 250-256 BROADWAY 250, 252, 254, 256 BROADWAY

City: AMITYVILLE State: NEW YORK Zip: 11701

Applicant Address: 250 BROADWAY

City: AMITYVILLE State: NEW YORK Zip: 11701

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

1. Provide a brief (1 - 2 sentences) description of the project:

NEW STORE FRONT - NEW FACADE - NEW AWNINGS - ADD NEW MOLDINGS - AS PER PLANS

2. Does the applicant own the building? Yes No

If answered "No", attach the declaration from the building owner providing approval of the project proposal as well as evidence of your lease extending through the 3-year regulatory term. See Required Attachments below. If you answered "Yes", please provide proof of ownership. See Required Attachments below.

3. Describe the current condition of the building's facade:

FACADE IS FROM THE 1950'S

4. Describe in detail the proposed improvements:

REFER TO BOX NUMBER ONE.

5. Identify the exact components of the project that the grant funding will be used for:

REFER TO BOX NUMBER ONE.

6. Describe the expected impact your proposed project will have on the building, the occupying or future business(es), and the community:

MORE WELCOMING TO THE COMMUNITY AND MORE ATTRACTIVE TO TOWN, ADD MORE LONGEVITY FOR THE BUSINESS AND TOWN.

7. Is the proposed work visible from a public right of way?

Yes No

8. Will you use your own architect or grant provided assistance?

Own Grant

9. If own, please provide their name/address:

STEVE CHRISTIANSEN 631-220-0969

10. Grant Request (Small projects \$5000-\$25,000 Large Projects \$25,000-\$100,000) Request should match costs in #12): \$60,000.00

11. Project Match (at least 20% of the total project cost): _____

12. Please provide breakdown of the work needed and estimated cost:

Work Description	Estimated Cost
NEW STORE FRONT & GLASS WORK	30,000.00
WINDOW AWNINGS	2000.00
MOLDINGS	2000.00
MASONARY WORK	14,000.00

(If more space is needed, please provide as an attachment)

13. First available date to begin: ONCE APPROVED

14. Are funds currently available for the entire project? Yes No

15. This is a reimbursement-based grant, which means the applicant will pay for the project out of pocket and submit requests for reimbursement upon completion of the project. If the applicant does not have funds available for the entire project, explain how the project will be financed. Proof of financial resources required as an attachment. See Required Attached Requirements Below:

WE WILL PROVIDE BANK STATEMENTS FROM BUSINESS ACCOUNT.

16. If the building includes residential space, please indicate the total number of units currently occupied and unoccupied for each floor of the building:

- a. First Floor
 - i. Number of Units Occupied: 3
 - ii. Number of Units Unoccupied: 0
- b. Second Floor
 - i. Number of Units Occupied: 4
 - ii. Number of Units Unoccupied: 0
- c. Third Floor
 - i. Number of Units Occupied: N/A
 - ii. Number of Units Unoccupied: N/A

17. Please list the names of the current occupying business(es) and the number of both full and part-time jobs associated with each business:

CONVENIENCE STORE 2 FULL TIME
LIQUOR STORE 1 FULL TIME

18. If the building is currently vacant, please share the anticipated date of occupancy and list the names of the future business(es) and the number of both full and part-time jobs associated with each proposed business:

N/A

19. Please provide the contact information of the individual(s) managing all requirements of the grant

Name	Title	Role	Phone	Email
MINESH PATEL	MANAGER	MANAGER	516-884-2226	MINESH.PATEL_04@HOTMAIL.COM

20. Are the property's municipal taxes current? Yes No

21. Are the property's school taxes current? Yes No
22. Are the property's water/sewer bills current? Yes No
23. Are there any liens on the property? Yes No
- a. If so, please explain:

24. Has applicant received or been awarded an Economic Injury Disaster Loan (EIDL) Yes No
25. Is the applicant a minority? Yes No
26. Is the applicant a woman? Yes No
27. Is the applicant a veteran? Yes No

Please initial the following statements indicating you understand and agree to each:

- a. Prior to starting, NYS DRI Projects must undergo an environmental review and clearance of scope of work by the State Historic Preservation Office P.M
- b. NYS DRI applications must have at least two bids for each phase of work and reimbursement will be based on the lowest responsible bid P.M
- c. If applicant chooses a bid other than that selected by the Village, the applicant will be responsible for 100% of the difference with no reimbursement P.M
- d. Only work completed by a vendor that is previously approved by the Village of Amityville will be reimbursed P.M
- e. Awardees of NYS DRI program funds must execute a declaration agreeing to maintain improvements for three years following project completion P.M
- f. NYS DRI project grants will be reimbursed for eligible projects only following the satisfactory completion of an approved scope of work and submittal of required documentation P.M
- g. If chosen, a deposit will be required to cover the costs of the environmental review. Such deposit will be forfeited if project is not completed P.M

Required Attachments

	Attached?	
A. Photos of the building façade in its current condition	Yes <input checked="" type="radio"/>	No <input type="radio"/>
B. Drawings or plans of the building which illustrate all proposed work, including any structural work or repair, paint colors, materials samples, etc. (Grant admin can provide assistance)	Yes <input checked="" type="radio"/>	No <input type="radio"/>
C. Information on the methods and material to be used.	Yes <input checked="" type="radio"/>	No <input type="radio"/>
D. Signed declaration from property owner	Yes <input checked="" type="radio"/>	No <input type="radio"/>
E. Proof of building ownership OR proof of permission for project and lease extending through 3-year compliance period	Yes <input checked="" type="radio"/>	No <input type="radio"/>
F. Proof of financial resources to complete construction,		

such as loan commitment, documentation of available line of credit, or cash in account

Yes No

G. Itemized budget (template attached)

Yes No

The undersigned affirms that:

- A. The information submitted herein is true and accurate to the best of my (our) knowledge.
- B. I (we) have read and understand the rules of the Village of Amityville DRI Façade Program and agree to abide by its conditions and guidelines.
- C. I (we) understand that all work completed on the project must be by approved methods and with approved materials. Any variance from that which is agreed upon, without prior approval, may result in the forfeit of any funds from the Kingston DRI Façade Program.

The undersigned applicant agrees to comply with the requirements of this program as outlined in the Village of Amityville DRI Façade Improvement Program Rules.

Signature of Applicant(s):

Print Name(s)

Pineel Patel

PINEEL PATEL

Date: 12/6/23

Date: _____

For questions about the application, eligibility, or another concern please contact:
Vision Long Island at projects@visionlongisland.org or 631-261-0242.

Ways to submit completed applications:

1. Email: projects@visionlongisland.org
2. Fax: 631-606-1502
3. Mail: Vision Long Island, 24 Woodbine Ave., Ste 2, Northport, NY 11768