



CITY OF WAUSAU  
COMMUNITY DEVELOPMENT DEPARTMENT

COMMERCIAL REHABILITATION PROGRAM APPLICATION

Please provide information on your proposed project. Your signature below indicated you or your firm's intent to apply for commercial rehabilitation program funding and that you have received a copy of the program guidelines. **Please return to Community Development with your check in the amount of \$50.00 for the application fee.**

Applicant name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Project Location \_\_\_\_\_

Scope of Work to be Undertaken: (can attach contractor estimates, if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Timeframe for Project Completion

Property Mortgage Holder(s):

I certify that the information in this application is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Historic Landmarks Commission Review

Economic Development Committee Review

\_\_\_\_\_  
Signature Date  
 (check box if reviewed)  
 (check box if recommendations)

\_\_\_\_\_  
Signature Date  
 (check box if reviewed)  
 (check box if recommendations)