

Town of Riverhead

Main Street Program Application

1. Property Location _____

2. Tax Map Number _____

3. Owner's Name and Address _____

4. Tenant Name and Address _____

Type of project:

Façade Rehabilitation _____ Building Renovations _____ Anchor _____

Note: A proposed project can incorporate both façade and building renovations.

5. Please describe proposed work to be done:

Note: Once application is accepted, you will be issued a contract and must provide a minimum of two quotes for all proposed work.

6. Please indicate source of matching funds and acknowledgement that the program provides for reimbursement of funds expended within the stipulated limitations.

Submitted by: _____
Print Name Sign Name Date

Return to:
Community Development Department
200 Howell Avenue
Riverhead, NY 11901