



**West Broadway Private Property Assistance Program**  
**Application**

**Applicant Information**

Property Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Ownership Type:  Individual  Proprietorship  Partnership  LLC  Corporation

**Property Information**

Building Name: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_ Use: \_\_\_\_\_  
West Broadway Street Frontage (in feet): \_\_\_\_\_

**Requested Assistance**

Select all that apply:

Landscaping Design Assistance  Landscaping Installation Grant  Signage Assistance

**Landscape Architect Information – If Applicable**

Architect Firm: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Estimated Schedule**

Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Has any portion of the project been started?  Yes  No

If yes, explain: \_\_\_\_\_

**Required Project Attachments**

Attach landscaping plan, if applicable

Attach sign plan, if applicable

Minimum of two bids

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (If applicant is a company representative.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Application Submission**

Submit completed application to:

Community Development Department  
Christopher N. Gibbons, AICP  
City of Council Bluffs  
209 Pearl Street  
Council Bluffs, Iowa 51503

For questions regarding the application or program guidelines:

Telephone: 712-890-5350

Fax: 712-328-4915