

City of Rochester, NH Sign & Façade Program Application



Date:	
1. APPLICANT I	NFORMATION
Applicant Name:	Wanchai Wutisen
Mailing Address:	2 Village Ln., Rochester, NH
Phone Number:	60-337-5935
Email Address:	wwutisen@gmail.com
Please Check One:	X Applicant is the business owner of the proposed project.
	Applicant is the building owner of the proposed project.
	Applicant is both business and building owner on the proposed project.
2. INCOME INFO	RMATION (Chart below.)
Please Check One:	Applicant is the building owner and is low-moderate income.
	X Applicant is business owner, is low-moderate income, and has a long-term lease.

FY 2022 INCOME LIMITS, (July 1, 2021 - June 30, 2022)

	1 PERSON	2 PERSON	3 PERSON	V 4 PERSO	N 5 PERSON	N 6 PERSO	N 7 PERSON	8 PERSON
30% LIMITS	22,400	25,600	28,800	32,000	34,600	37,150	39,700	42,250
V. LOW INCO	ME 37,350	42,650	48,000	53,300	57,600	61,850	66,100	70,400
60% LIMITS	44,820	51,180	57,600	63,960	69,120	74,220	79,320	84,480
LOW INCOME	55,950	63,950	71,950	79,900	86,300	92,700	99,100	10,5500

Non-profit organizations would need to meet Community Development Block Grant guidelines for services. For more information please contact Julian Long Community Development Coordinator/Grants Manager: julian.long@rochesternh.net

3. PROJECT INFORMATION			
Proposed Project: Storefront Improvement	New Sign X	New Awning	



Project Address:	12 Uni	on St., Rochester, N	IH	
Brief Project Description:	New si	ign – installed on exi	sting pole in parkin	g lot
			S P O S P O	Post
C-4-				
Customers Describe the customer bases	erved h	the storefront your	vent to improve wit	h the Sign & Façade Program funds.
Rochester residents, residents			vailt to improve with	ii the Sign & Paçade Program lunds.
10011001110011100, 10011101	3 11 0111 11	organo or mig to wills		
Please check the one that b	est appli			
In the neighborhood		Elsewhere in Roc	hester	Across the region or beyond X
The state of				
Budget Grant Amount Requested \$5,	125.00		Applicant Match	¢0.00
Grant Amount Requested \$5,	423.00		Applicant Match (Must be equal to	
Total Estimated Cost of Proje	ect (Gran	t request + Applicar		
			10 11 11 10 11 11 11 11 11 11 11 11 11 1	V
4. APPLICATION AT				
1) Please submit the foll			application:	
2) Full description of the				
3) Explanation of the sp	ecific sto	orefront improveme	nts that you want to	restore, rehabilitate, modify or replace
with the grant and you 4) Close up photograph			t condition and co	
façade, including the you wish;	buildings	s on both sides of it.	You are welcome t	econd photograph of the entire building to include additional photographs, if
5) A preliminary sketch	of the pr	roposed improvemen	nts, if possible, but r	not required with the application;
Income verification: I	Please in	clude either the com	pleted and signed C	CDBG Self Certification form (p. 5 of
		most recent IRS F	'orm 1040 Adjuste	ed Gross Income, with list of all
household members				
5 DDODEDTY OUA	IED IN	EODA A MION (O 4	
5. PROPERTY OWN		FURMATION (i	Applicant is a T	e nant.)
Full Name: Kam Chu Chen Mailing Address: P.O. Box		Pachagtan NIII 029	<i>CC</i>	
Maining Address. 1.O. Box	1445, 1	Cochester, NH 036	30	
Phone Number: 646-413-87	15			
Email Address:				
Property Owner Acknowl	le dge m	ent:		
I am the property owner of number is noted correctly in improvements described in improvements and to apply	this do this app	cument. I have be	en informed of the	Applicant's intention to perform
Duo no net o Overno n Cina - t			Data	
Property Owner Signature	e		Date	
Applicant Signature			Date	

Project Address: 2	nion St.	
Brief Project Description: New	Sigh	
Customers		
Describe the customer base served b	y the storefront you want to imp	prove with the Sign & Façade Program funds.
Please check the one that best appl	ies. Most of your customers/cli	ients (over 50%) live:
In the neighborhood	Elsewhere in Rochester	Across the region or beyond
Budget		
Grant Amount Requested \$	Applicar	nt Match \$
	(Must be	equal to grant request,)
Total Estimated Cost of Project (Gran	nt request + Applicant Match) S	B
4. APPLICATION ATTACH	MENTS	
	nformation with this application	3'
2) Full description of the project		A•
 Explanation of the specific st with the grant and your match 	orefront improvements that you	want to restore, rehabilitate, modify or replace
 Close up photograph of the st façade, including the building you wish; 	corefront in its current condition as on both sides of it. You are w	, and a second photograph of the entire building relcome to include additional photographs, if
5) A preliminary sketch of the p	roposed improvements, if possi	ble, but not required with the application;
Income verification: Please in	clude either the completed and	signed CDBG Self Certification form (p. 5 of Adjusted Gross Income, with list of all
5. PROPERTY OWNER IN	TORMATION (if Applican	at is a Tanant
Full Name:	Jutisen Rochester	Kan Chy Cheng Or
Phone Number: 505 - 37	7-5935 64	-6 413 9715
Property Owner Acknowledgeme	ent:	
umber is noted correctly in this do	ocument. I have been informe blication, and I hereby author	plication and my address and phone and of the Applicant's intention to perform ize the tenant to make the proposed
Property Owner Signature	Mong Date 12	2.3-2021
Applicant Signature	Date /2	-03-2021



SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine 'Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income		
o HUD 24 CFR Part 5	o IRS Form 1040	American Community Survey

Beneficiary Information

Last Name: Wutisen	Beneficiary ID (if applicable):

Member Information

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
Wanchai	1	X						
Nadthakran	2	X						
Benjamin	3					X		
	4							
	5							
	6							
-								
	I I CH C H I CH I I		D	*,1 1				

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+= Person 62 years of age or older; S \geq 18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Contact Information

Address Line 1: 2 Village Ln.	City: Rochester	
Address Line 2:	State: NH	Zip Code: 03867

Income Information

Annual gross income (total of all members) = \$ 60,000.00

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE



Beneficiary ID:

	HEAD OF HOUSEH	OLD
Signature	Printed Name	Date 12-10-2021

	OTHER BENEFICIARY ADULTS*	
Signature Notet Hakran	Printed Name Add from Watsen	Date /2 /10/2/ Date 12 /10 /2
Signature,	Benjama Witsen	12 /10 /21
Signature	Printed Name	Date

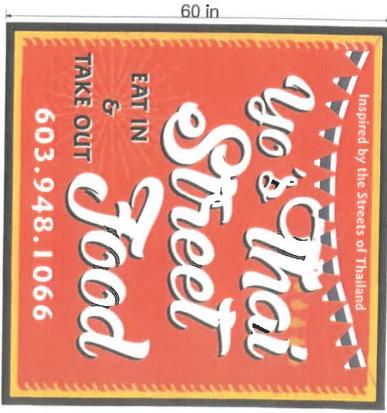
^{*} Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Please answer the following questions for each proposed sign.

		Sign 1	Sign 2	Sign 3	Sign 4	Sign 5	Sign 6
What t	What type of sign are you proposing: pole sign, wall sign, projecting sign, portable sign or other (specify)?	Pole Sign				0	
For	Indicate the setback from the front property lines						
signs:	Indicate the setback from the side property lines.						
How high pole sign?	How high above the ground is the top of the proposed pole sign?	Ī.					
Will th	Will the proposed sign be single or double faced?	Double Face					
What i	What is the area of the proposed sign?	60"x60"				ı	
The pr	The proposed sign will be made of what material (s)?	Acylic Alumnum		and interal bulbs	6		
Will the proposition, illumination?	Will the proposed sign be illuminated? If so, how: external illumination, internal illumination, or individual letter illumination?	internal likunhration	J				
Are yo electronote: f	Are you proposing a changeable copy sign? These include electronic message signs or similar technologies. Please note: flashing or animated signs of red, amber, or green colored lights shall not be permitted.	70					





Acrylic w/ Alum. Cabuet Internally



REVISION:

All orders under \$250 include 1 revision only.
All orders over \$250 include 2 revisions only. Additional revisions will be charged at

vary depending on printer and/or monitor. Designs are NOT actual size and color may

603-436-0047

PLEASE NOTE: \$25 per revision.

11/30/2021

I understand this Order Form is the final production order and replaces all previous drawings, notes and verbal instructions to this job. Standard vinyl & paint colors will be used. Custom colors and specific matches to PMS colors represents my order. I authorize fabrication according to this approval. will be an additional fee. I have carefully reviewed this form and verify that it contains all necessary specifications and RETURN SIGNED TO: service@portsmouthsign.com

SIGNATURE:

©COPYRIGHT 2019, BY PORTSMOUTH SIGN COMPANY, All designs and custom artwork remain the property of Portsmouth Sign Company until the order is complete and paid in full. Background Color:

HP Clint C Vinyl Color:

Date:

PORTS MOUTH

GREATER

York Region

the Greater

DOVER

Member of:

60x60FreestandingSign.fs SS D DS D

Materials:

Z:\Clients\Y\Yo's Thal Street Food\Flexi





12 Union Street

Rochester, NH

1 inch = 40 Feet



120

December 21, 2021 0 40 80

www.cai-tech.com



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