



**HISTORIC  
PRESERVATION  
COMMISSION**

**DR. ROBERT G. BONE HISTORIC PRESERVATION GRANT APPLICATION**

Approved  Denied

**Property Address:**

**Case No.:**

**Historic District:** Cedar Crest Highland Old North Normal n/a

**Landmark:** Yes No

**Construction Date:** **Architectural Style:**

**Grant Amount Requested:**  
*Not to exceed \$4,000.00, 2 bid estimates required*

**Proposed Restoration Work:**  
*Detailed description required on reverse side*

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- Attach property front elevation photo here -

**THIS FORM MUST BE SUBMITTED 2 WEEKS PRIOR TO MEETING. THE HPC MEETS THE 2<sup>ND</sup> TUESDAY OF EA. MONTH.**

**Amount Authorized:** \_\_\_\_\_ **Chair Signature:** \_\_\_\_\_

Conditions of Approval:

## REQUIRED

**Certificate of Appropriateness Approval Number:** \_\_\_\_\_

*Required for grant eligibility*

**The Bone Grant is for RESTORATION projects ONLY. General maintenance/ repair projects are NOT eligible.**

*(Definition of Restoration: the act of restoring or bringing back to a former place, time, or condition.)*

**Grants WILL NOT be approved for projects where the work has already begun or been completed.**

**Eligible project examples:** Removing aluminum siding to restore wood siding underneath, removing asphalt roof and replacing with original clay tile, reopening an enclosed porch.

**Ineligible project examples:** General maintenance and repair projects, painting, re-roofing with non-historic materials, replacing gutters or downspouts, removing original wood of any kind (i.e. siding, windows, doors, porch posts, balusters, trim, brackets, beadboard, etc.)

- 2 comparable professional estimates
- Existing conditions photos
- Proposed work description/ material samples/ scale drawings (**applicant strongly encourage to work with Town staff prior to application submittal**)

**Detailed Description of Proposed Restoration Work:**  
 (Please provide cost estimates for all project items)

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**Project Start Date:** \_\_\_\_\_ **Project Completion Date:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant(s) Signature\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner(s) Signature\*** (if same as applicant, please indicate as such)

\_\_\_\_\_  
**Date**

\*Applicant/Owner attests that the above information is complete and true. Violations of any Town ordinance are prosecutable.

**RETURN TO:** Caitlin Kelly, Associate Planner, Town of Normal – 11 Uptown Cir., Normal, IL 61761 (309) 454-9642/ckelly@normal.org

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