



**BOROUGH OF  
GLEN GARDNER**

**APPLICATION FOR HUD GRANT**

**HISTORICAL INFRASTRUCTURE PROGRAM**

**RETAINING WALL IMPROVEMENTS**

Date: \_\_\_\_\_

Name of Property Owner/Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone (Day) #: \_\_\_\_\_ Phone (Evening) #: \_\_\_\_\_

Email address: \_\_\_\_\_

Tax Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Are you a Borough Resident? \_\_\_\_\_ Is the Property Owner-Occupied? \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

**HISTORICAL INFRASTRUCTURE PROGRAM**

**RETAINING WALL IMPROVEMENTS**

**Improvements to be made:**

The HUD Review Committee will need to understand the current condition of the retaining wall and how you are preparing to repair/restore it.

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Copy of deed and survey included (required): Yes \_\_\_\_\_ No \_\_\_\_\_

Drawings included (can be drawn on copy of survey): Yes \_\_\_\_\_ No \_\_\_\_\_

Colored photos included (required): Yes \_\_\_\_\_ No \_\_\_\_\_

All applicants will receive equal consideration regardless of race, creed, color, sex or national origin.

The applicant certifies that all information on this application and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief.

\_\_\_\_\_  
**Owner/Applicant Signature**

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

\_\_\_\_\_  
**Owner/Applicant Signature**

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

**HISTORICAL INFRASTRUCTURE PROGRAM**

**RETAINING WALL IMPROVEMENTS**

**For HUD Committee use only:**

**Name of Property Owner/Applicant:** \_\_\_\_\_

**The HUD Committee:**

\_\_\_\_\_ **Recommends Approval without Changes**

\_\_\_\_\_ **Recommends Approval subject to the following Changes and Conditions:**

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

\_\_\_\_\_ **Recommends Disapproval for the following reasons:**

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

\_\_\_\_\_  
**Judy Bass, HUD Administrator**

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