

Pierson's
Mattress and Furniture Co.
1032-34 S. Western Peoria, IL 61605-3353
309-637-8455



Mr. Eric Setter
Community Development Department
City Hall
419 Fulton Street, Room 300
Peoria, IL 61602-1217

Mr. Setter,

I am submitting an application for the Façade Improvement Program. Please find attached the application along with the following:

Proof of property ownership (copies of paid property tax bills)

Proof of property/liability insurance

(2) Contractor bids

I would like to have DnB painting perform the work. I am requesting \$3,900.00 in funds from the City of Peoria, which is 50% of the \$7,800.00 bid. I have the ability to pay my share of the remaining cost.

Sincerely,

Conrad Pierson
Pierson Mattress, Inc.
309-637-8455



Facade Improvement Program Application

Name of Applicant: CONRAD PIERSON
Name of Business: PIERSON MATTRESS, INC.
Address of Property: 1032 - 1034 S. WESTERN, PEORIA, IL. 61605
Type of Business: BEDDING MANUFACTURER AND RETAIL
Property Identification Number (P.I.N.): 18-17-151-007, 18-17-151-008
Phone: 309-637-8455 Email: PIERSONMATTRESS@ATT.NET
Applicant is: Property Owner Business Owner Other (_____)
Facade Program: Warehouse District Southern Gateway/Western Avenue

The following items should be attached to the Final Application:

1. Letter of financial commitment addressed to City of Peoria demonstrating at least \$1,000 of improvements, total project costs, requested grant amount from the City and the property/business owners ability to fund his/her portion of the project;
2. Proof of property ownership (deed, title search, etc.) or written property owner's consent and appropriate proof of that owner's ownership, if applicable (Form B1 or B2);
3. Proof of property/liability insurance;
4. Attach two contractor bids (one bid if work is being done by tenant or property owner);
5. Final written cost estimates and name of the licensed contractor(s) chosen to perform the work; (Note- If property owner plans to complete the improvements, please indicate. If business tenant plans to complete the improvements, property owner's consent must be shown in writing -Form B3 or B4);
6. Copy of written contract(s) with contractor(s), if applicable;
7. Construction plans with material, schedule and dimensions;
8. Site plan with elevations, showing improvements drawn to scale;
9. Final architect cost estimates, if applicable;
10. Landscape and/or Signage plans, if applicable

The City of Peoria and its Community Development Department expressly reserves the right to reject any or all applicants or to request more information from any and/or all applicants in its sole and exclusive discretion. In addition, the City of Peoria reserves the right to cancel the program at any time, prior to grant approval and without notice, if sufficient funds are determined unavailable by the City of Peoria in its sole and exclusive discretion.

By signing this document, the applicant agrees that the project shall comply with all City State and Federal statutes and ordinances.



Applicant Signature: Conrad Penson

Date of Application: 08-08-14

For Community Development Use Only:

Date Received: _____

Department Approval: _____ Date: _____

Date Presented to City Council (if applicable): _____

City Council Approval: _____ Date: _____

JULY 28 2014



WORK ESTIMATE PROPOSAL

TO RE-PAINT EXISTING SIGNAGE @
PIERSON'S - 1034
S. WESTERN - PEORIA

JOB TO ENTAIL...

- ..PREPARING ALL PAINT-ED SURFACES SHOWN HERE - PREP. WOULD INCLUDE POWER WASHING CAULKING WHERE NEEDED (WE WOULD RECOMMEND USING CALIFORNIA EXT. ACRYLIC PAINTS)

WORDING & DESIGN TO STAY THE SAME
ALL LABOR & SUPPLIES
 \$ 7,800.00

dnb painting
 Washington
 - insured -

call Dave Webster - 309-635-3106
 or e-mail - beddrawin@mtco.com



A Full Service Sign Company.

309-696-2445

Fax. 866-334-8906
signsplusil@yahoo.com

www.signspluslighting.com

PROPOSAL

7-25-14

Pierson's Mattresses
1034 S. Western
Peoria, IL 61605
Skip Pierson

Provide labor and material to pressure wash and repaint walls with existing copy and colors.

Front large wall \$4400.00

Front right side (Furniture) \$1200.00

Right side wall \$1400.00

Left side wall \$2800.00

Total--\$9800.00

Terms: 50% deposit due upon acceptance of this proposal, The remainder of moneys to be paid upon completion of work thereof.

X _____



Thank you !
Signs Plus Lighting Inc.
8006 Sommer St. Peoria, Illinois 61615

2013

PEORIA COUNTY REAL ESTATE TAX BILL

PEORIA COUNTY COLLECTOR EDWARD T. O'CONNOR Office Hours 8:30am - 5:00pm M-F Phone: 309-672-6065

First Installment Due Date 08/10/2014 Second Installment Due Date 09/10/2014 Parcel Number 18-17-151-007 Amount \$1,228.80

Legal Description GILLETTE'S SUB Q11KD NW 1/4 SEC 17-8-8E S 42 LOT 15 BLK 17

Site Address 1032 S WESTERN AVE PEORIA, IL 61605 Owner Name PIERSON, CONRAD J

Mailing Address CONRAD J PIERSON 1034 S WESTERN AVE PEORIA IL 61605

Your township collector is: Patrick A Nichtig 419 Fulton Street, Room 100 Peoria, IL 61602

Tax Code 122 Tax Computation Fair Prop. Value 81,070 Total Value 27,020 HIE Exemption - 0 State Multiplier x 1.0000 State Equalized = 27,020 Senior Freeze Expt - 0 Owner Occ. Expt - 0 Senior Expt - 0 Frat. / Vet. Expt. - 0 Dis Vet Homestd - 0 Dis Person Expt - 0 Returning Vet Expt - 0 Net Taxable Value = 27,020 Tax Rate x 9.09546 EZ Abatement - 0.00 Current Tax = \$2,457.60 Drainage Tax + \$0.00 Total Tax Due = \$2,457.60

REMITTANCE ADDRESS ON BACK OF COUPON

Table with 6 columns: Taxing Body, Prior Year Rate, Prior Year Tax, Current Rate, Current Tax, Pension Amount. Rows include PEORIA COUNTY, PEORIA COUNTY SOIL & WATER, I C C J C #514, CITY OF PEORIA, PEORIA LIBRARY, PEORIA TWP, GREATER METRO AIRPORT AUTH, GREATER PEORIA M T D, GREATER PEO SAN DIST, PLEASURE DRIVEWY PKD, PEORIA USD #150, SOUTH VILLAGE TIF, and Totals.

RETURN THIS PORTION WITH PAYMENT

RETURN THIS PORTION WITH PAYMENT

2013 SECOND INSTALLMENT Parcel Number 18-17-151-007 Second Installment Due Date 09/10/2014 Amount \$1,228.80

Table with 3 columns: IF POSTMARKED AFTER THESE DATES, THE AMOUNT BELOW INCLUDES THE PER MONTH PENALTY, Penalty Amount. Rows for 09/10/2014 and 10/10/2014.

CONRAD J PIERSON 1034 S WESTERN AVE PEORIA IL 61605



2013

PEORIA COUNTY REAL ESTATE TAX BILL

PEORIA COUNTY COLLECTOR EDWARD T. O'CONNOR Office Hours 8:30am - 5:00pm M-F Phone: 309-672-6065

First Installment Due Date 06/10/2014 Second Installment Due Date 09/10/2014 Parcel Number 18-17-151-008 Amount \$806.77

Legal Description: ROBB PLACE NW 1/4 SEC 17-8-8E LOTS 1-2-3-4 (EXC TR 1000 SW COR LOT 1: TH N 67.5' E 39.3' S 7.5' E 85.7' S 60' W 125' TO POB)

Site Address: 1034 S WESTERN AVE PEORIA, IL 61605 Owner Name: PIERSON, CONRAD J

Mailing Address: CONRAD J PIERSON 1034 S WESTERN PEORIA IL 61605

Your township collector is: Patrick A Nichtig 419 Fulton Street, Room 100 Peoria, IL 61602

Table with 2 columns: Tax Code, Tax Computation. Rows include Fair Prop. Value, Total Value, HIE Exemption, State Multiplier x, State Equalized, Senior Freeze Expt, Owner Occ. Expt, Senior Expt, Frat. / Vet. Expt, Dis Vet Homestd, Dis Person Expt, Returning Vet Expt.

Table with 2 columns: Tax Code, Tax Computation. Rows include Net Taxable Value, Tax Rate x, EZ Abatement, Current Tax, Drainage Tax, Total Tax Due.

REMITTANCE ADDRESS ON BACK OF COUPON

Table with 6 columns: Taxing Body, Prior Year Rate, Prior Year Tax, Current Rate, Current Tax, Pension Amount. Rows include PEORIA COUNTY, PEORIA COUNTY SOIL & WATER, I C C J C #514, CITY OF PEORIA, PEORIA LIBRARY, PEORIA TWP, GREATER METRO AIRPORT AUTH, GREATER PEORIA M T D, GREATER PEO SAN DIST, PLEASURE DRIVEWY PKD, PEORIA USD #150, SOUTH VILLAGE TIF, and Totals.

RETURN THIS PORTION WITH PAYMENT

RETURN THIS PORTION WITH PAYMENT

2013 SECOND INSTALLMENT Parcel Number 18-17-151-008 Second Installment Due Date 09/10/2014 Amount \$806.77

Table with 3 columns: IF POSTMARKED AFTER THESE DATES, THE AMOUNT BELOW INCLUDES THE PER MONTH PENALTY, Penalty Amount. Rows for 09/10/2014 and 10/10/2014.

CONRAD J PIERSON 1034 S WESTERN PEORIA IL 61605



Policy Number: X10104
Effective Date: 02-03-14

The Total Advance Premium shown above is based on the exposures you told us you would have when this coverage part began. We will audit this coverage part in accordance with Section IV - Conditions, item 5 Premium Audit at the close of the audit period.

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$ 500,000
Products-Completed Operations Aggregate Limit	500,000
Personal and Advertising Injury Limit (Any One Person or Organization)	500,000
Each Occurrence Limit	500,000
Damage to Premises Rented to You Limit (Any One Premises)	100,000
Medical Expense Limit (Any One Person)	5,000
ACUITY Advantages - General Liability	See CG-7300

SCHEDULE OF LIABILITY CLASSIFICATIONS

Unit No.	Classification Description	Class Code	Premium Basis ¹	Rates		Advance Premium
				Premises	Products	
001	Mattress or Box Spring Mfg	56699	185,000 GS	.257	.438	\$ 211.00 ²
002	Furniture Stores (For Profit)	13351	35,000 GS	1.341	.324	58.00
003	Warehouses-Private (For Profit) - Products - Completed Operations For This Classification Are Subject To The General Aggregate Limit -	68706	1,200 AR	67.311	Included	81.00
Advance Schedule Premium						\$ 350.00

¹ AR = Area/Square Feet - Rates Apply Per 1,000
GS = Gross Sales - Rates Apply Per 1,000

² Minimum premium applies.

AUDIT PERIOD

Annual

FIRST NAMED INSURED IS:

ORGANIZATION OTHER THAN PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY

Accepted on 2/27/2014 12:42:00 PM - SLA Countersignature #IL20140018962.

Notice to Policyholder: This contract is issued, pursuant to Section 445 of the Illinois Insurance Code, by a company not authorized and licensed to transact business in Illinois and as such is not covered by the Illinois Insurance Guaranty Fund.

Service of process under this contract may be made upon the Director pursuant to paragraph 10 of Section 445 of the Code.

Policy Id	IL20140018962	
Filing Type	Policy	
Insurance Company		Percent
Lloyd's of London		100.000000
TOTALS: COUNT: 1		100.000000

Policy Number	LLMP201400736
Insured	PIERSON MATTRESS INC
Address 1	1032-1034 S WESTERN AVE
City	PEORIA
State	IL
Zip	61605
Effective Date	2/3/2014
Term (months)	12
Amount	1,022,800

Coverage Code	Premium	Fire Marshal Tax
All Risk All	3,426	17
TOTALS: COUNT: 1	3,426	17

Surplus Line Tax	120
Stamping Fee	3
Last Update	2/27/2014 12:42:00 PM