



# Downtown Façade Improvement Grant Application

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

## APPLICANT DATA

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

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Designated Contact: \_\_\_\_\_  
Name Contact Number

## PROPERTY DATA

Building or Business Name: \_\_\_\_\_

Building or Business Address: \_\_\_\_\_

Mailing Address (if different from Street Address) \_\_\_\_\_  
Street City State Zip

Do code enforcement actions, tax liens, or judgment liens exist against the property? Yes  No   
If yes please explain: \_\_\_\_\_

## PROPERTY OWNERSHIP

(If applicant is not property owner, please provide the following information)

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PROJECT DESCRIPTION

How are the proposed Façade Improvements consistent with and furthers the purpose of the City Codes, the Design Guidelines, and the Downtown Master Plan? (attach additional sheet if necessary)

\_\_\_\_\_

How will the project contribute to the revitalization of the Downtown Development District? \_\_\_\_\_

\_\_\_\_\_

How many jobs and estimated salaries will be created by this renovation? \_\_\_\_\_

\_\_\_\_\_

Proposed Commencement Date \_\_\_\_\_ Proposed Completion Date \_\_\_\_\_

### Office Use Only

Date Submitted	Coordinator Approval	Task Force Approval
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