

MAPLE AVENUE FAÇADE IMPROVEMENT GRANT APPLICATION

Applicant Contact Information:

Tenant Property Owner Both

Contact Name: _____

Mailing Address: _____

Daytime Phone: _____ E-Mail: _____

Property Ownership & Corporation Information:

Corporation Name: _____

Mailing Address: _____

Date & State of Incorporation: _____

EIN ID: _____

Project Location & Scope of Work:

Project Address: _____

Name of Business(s): _____

Description of Business Operations: _____

Scope of Work: (Exhibit A) _____

Grant Amount Requested (\$10,000 max.): _____

Total Project Estimated Cost: _____

Three (3) Estimates for the Cost of Work Attached (Exhibit B): _____ Yes

Photographs of Existing Conditions Attached (Exhibit C): _____ Yes

Project Plans/Specifications/Drawings (Exhibit D): _____ Yes

Acknowledgements:

I, _____, as agent for _____ acknowledge that _____ is seeking project grant assistance through the *Façade Improvement Grant Program* for improvements to the real property located at _____ and must comply with the guidelines and procedures specified herein. I acknowledge that, if granted assistance through this program, I will maintain the new improvements for a minimum period of five years from completion or funding may have to be returned to the City of Burlington.

Signature/ Print Name

Property Owner

Date

Please return completed application, including the (3) estimates to the Economic Development office located at: 425 South Lexington Avenue, Burlington, NC 27215, attention Peter Bishop.