

FARMERS BRANCH COMMERCIAL FAÇADE REVITALIZATION PROGRAM APPLICATION

Please return completed with necessary attachments and signatures to the City of Farmers Branch Economic Development Office, 13000 William Dodson Parkway, no later than 5 pm Thursday, prior to the first Friday of each month. If you have any application questions please contact the Economic Development Director at 972.919.2512. If you have any building or sign permit/historic preservation questions please contact Community Services at 972.919.2549.

Applicant Name: _____ Date: _____

Business Name: _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

Building Owner (if different from applicant): _____

Physical Building Address: _____

Type of Work: (check all that apply)

Paint _____ Stonework _____ Awning/Canopy _____

Uncovering/replacing windows _____ Roof Repair _____

Masonry Cleaning/ Paint Removal _____ Other _____

Details of Planned Improvements:

(attach additional paper if necessary)

List Contractor/Project architect Proposals and Total Amounts (please attach original proposals):

TOTAL COST OF PROPOSED BUILDING PROJECT: \$ _____

AMOUNT OF FUNDS REQUESTED (\$50,000 FAÇADE MAX): \$ _____

Attach with all required color samples of paint, awning/canopy, sign design, etc. as well any photographs of building's exterior façade, roof, and foundation.

Applicant's Signature

Date

Approved _____ Rejected _____ By _____ Date _____

FARMERS BRANCH COMMERCIAL FAÇADE REVITALIZATION PROGRAM APPLICATION AGREEMENT FORM

Please return completed with necessary attachments and signatures to the City of Farmers Branch Economic Development Office, 13000 William Dodson Parkway, no later than 5 pm Thursday, prior to the first Friday of each month. If you have any application questions please contact the Economic Development Director at 972.919.2512.

I have met with the City of Farmers Branch, and I fully understand the Commercial Revitalization Program Procedures and Details established by the City of Farmers Branch. I intend to use this grant program for the aforementioned renovation projects to forward the efforts of the Branch Crossing revitalization program. I have not received insurance monies for this revitalization project.

I have read the Commercial Revitalization Program Application Procedures including the Program Details.

I understand that if I am awarded funds by the City of Farmers Branch, any deviation from the approved project may result in the partial or total withdrawal of the awarded funds. If the façade is altered for any reason within _____ year(s) from construction, I may be required to reimburse the City of Farmers Branch immediately for the full amount of the funds awarded.

Business/Organization Name: _____

Applicant's Signature: _____ **Date:** _____

Building Owner's Signature: _____ **Date:** _____
(if different from applicant)

City of Farmers Branch Approval: _____ **Date:** _____