

DDA Façade Grant Application

Brief description of work: _____

_____ Project Address: _____

Estimate: _____ Amount of Grant: _____

Start date: _____ End date: _____

Contractor: _____ Phone: _____ FAX: _____

Applicant Name: _____

Business: _____

Business Address: _____

Daytime Phone: _____ FAX: _____

Applicant Owns Rents the above property (check one)

If renting, provide owner's name, phone number and signature authorizing the proposed façade improvements contained in this application.

Owner's name: _____ Phone: _____

Owner's Signature

Date

CHECK LIST

___ Prepared plans showing the scope of work and specifications of design and improvements.

___ Specified colors & paint samples.

___ Estimates of work, time and costs

___ Attached before photograph of building and "after" concept.

___ 7 copies of completed application with photos provided

All information must be in to the DDA office by 5:00 pm the last Wednesday of the month. Incomplete applications will not be considered. Applications received after the deadline will be held until the next review session.

This work complies with City of Brunswick code and permit requirements. ALL SIGNATURES REQUIRED.

David Peterman, Building Inspector Date
City Hall, 601 Gloucester Street
267-5519

Jose Juarby, Fire Inspector Date
Fire Station #1, 1201 Gloucester Street
267-5548