

BUSINESS FAÇADE IMPROVEMENT PROGRAM
GRANT APPLICATION

NORTH COAST REGIONAL DISTRICT

Applicant Information

Applicant Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Building Address: _____

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the owners stating that you are permitted to make these changes.

Owner Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Project Description

Describe the proposed project – Please attach any extra sheets, photos, designs, samples, etc. Describe the work to be done and materials to be used and note how this is related to the Design Guidelines.

Business Façade Improvement Guidelines

Planned Start Date: _____

Completion Date: _____

Total Project Cost: _____

Funding Request: _____

Date Application Received: _____

Applicant Checklist

___ Property in zoning compliance

___ Property taxes paid

___ Utility account paid

___ Building owner authorization

Attach to Application

___ Photos of existing conditions (before)

___ Detailed specifications

___ Contractor's cost estimates

___ Drawings/designs

___ Material and colour samples

___ Signed terms and conditions

BUSINESS FAÇADE IMPROVEMENT PROGRAM
TERMS AND CONDITIONS

NORTH COAST REGIONAL DISTRICT

I, _____, of _____ have read the
(Applicant) (Business/building)
complete application and concur with and give my consent to the work proposed in the application.

I assume all responsibility for obtaining appropriate architectural drawings, permits and inspections, and hiring of contractors as necessary.

I will allow the North Coast Regional District to use before and after pictures of the project and testimonials for the purpose of promoting this program in the future.

I agree not to involve the North Coast Regional District of the Business Façade Improvement Program in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the Business Façade Improvement project.

I give my consent to the North Coast Regional District to make all inspections necessary to confirm that the approved plans are implemented in accordance with the expected standards.

Payment of approved grants will be made upon the applicant providing the North Coast Regional District proof of final completion of proposed improvements along with verification of expenditures and proof of final inspection (when required).

Signature: _____

Date: _____

OFFICE USE	
Application received by:	
Date:	

