

Façade Grant Application

Stantonsburg Downtown Development Authority PO Box 10 Stantonsburg, NC 27883

Contact: 252.238.3608 <u>awhitley@townofstantonsburg.com</u>



Please complete this application in BLACK or BLUE ink only. PDF Autofill accepted.

Illegible/incomplete applications will be returned to the applicant.

Property Address:	
Property Owner:	
Applicant:	
If applicant is not the owner, a signed agreement authorizing the v	ork must be attached as part of the application.
Mailing Address:	-
Phone:	Email: ————
Current Use of Building:	
Proposed Use of Building:	
Summary of Proposed Façade Improvements:	
Total Façade Improvement Cost	\$
Total Entire Building Renovation Cost	\$
Total Committed Property Owner Contribution	\$
Total Committed Business Owner/Tenant Contribution	\$
Grant Amount Requested	\$
Note: Request amount limited to 50% of Total Façade Improvement	Cost. Request may not exceed \$5,000
Required Attachments	
Please check mark next to each item, as required, to show it has been included in application packet.	
Current color photograph of façade.	
Historic photograph of the façade.	
Architectural design drawings. Must be to scale and include annotations of all proposed improvements.	
Itemized contractor estimates. [Costs of labor and materials must be itemized separately.]	
Written permission from property owner authorizing work, if applicable.	
Signed lease agreement, if applicable.	
Estimated Construction Start Date:	
All work must be completed six months from this date.	

Please initial next to each item.	
 I understand that I must met with the Town of Stantonsburg DDA about the proposed project prior to submitting an application. I understand that the grant funds must be used for the project as described in this application and that any changes to the project must be submitted in writing and approved by Town of Stantonsburg DDA. I understand that grant payments are contingent upon completing the project as outlined and providing adequate proof of expenditure of funds and copies of all required building permits. I understand that the proposed project must pass all required Construction Standards inspections and/or receive a Certificate of Occupancy (if applicable) prior to request for reimbursement. I understand that upon completion of the project staff will inspect the work for compliance. I understand that payments will be mailed to the applicant and address as listed on this application. I understand that all work must be completed within six [6] months from date of signed agreement and any extensions must be requested in writing prior to the end of those six [6] months. I understand that no grant payment will exceed \$5,000 and the applicant is not eligible for payment until the project has met all terms of the grant agreement. 	
Applicant Signature: Date: Printed Name:	
FOR OFFICE USEONLY	