

St. Marys Downtown Development Authority  
Façade Grant Application

_____	Date Received
_____	Design Review
_____	DDA Approval
_____	Paid

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 of Approval

\_\_\_\_\_  
Date

**CHECK LIST**

- \_\_\_\_\_ Prepared plans showing the scope of work and specifications of design and improvements (awnings not applicable)
- \_\_\_\_\_ Estimates of work, time and costs
- \_\_\_\_\_ Proposed colors & paint samples (if applicable)
- \_\_\_\_\_ Attached before photograph of building and after
- \_\_\_\_\_ 8 copies of completed application with photos provided

Design Committee Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Work To Be Started By	Date:
Work To Be Completed By	Date: