



FAÇADE GRANT APPLICATION

Applicant Information

Name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Cell phone: _____ Alternate phone: _____
E-mail: _____

Business Information

Business name: _____
Business Category/Type (*circle one*) I. Retail II. Restaurant III. Theater IV. Bar/Pub V. Office
Downtown location/address: _____
Landlord name & contact info: _____
How long has your business been located downtown? _____
Have you previously rec'd. an IDEAL award? _____ Yes _____ No
If so, when & how much _____

Plans for Façade

Note: Any façade or signage changes in the Central Business District must be approved by the City's Central Business District Design Review Committee before they are implemented. To receive the appropriate Design Review Committee application or for more information, contact Jason Thompson in the Planning Division (Garland Business Center) at jason@cityofgastonia.com or 704-854-6629. **You need to receive approval of your plans for a façade or sign change before any façade grant funding can be awarded.**

Please describe façade improvements you plan to implement with the façade grant award: _____

Have the planned façade changes been reviewed and approved by the City's Central Business District Design Review Committee? _____ Yes _____ No If not, when do you expect approval? _____

What's the estimated cost of the planned façade changes? _____ (Please include with this application applicable contractor estimates/invoices as documentation)

Will you proceed with façade changes if you do not receive the façade grant? _____ Yes _____ No

Scope of Work

The total costs of the proposed work must match submitted contractor estimates. The final paid in full invoices must be from the contractor/company who submitted the estimates. Updated estimates can be submitted to the façade grant program administrator prior to work beginning. No paid invoices will be considered for reimbursement that do not match an approved estimate. No reimbursement will be considered for work done before approvals from the Design Review Committee and the façade grant program administrator or that deviates from the approved scope of work.

- 1. Clean and/or repair brick, stucco or wood. \$ _____
- 2. Sand and paint exterior surfaces. \$ _____
- 3. Repair or replace storefront, windows and doors. \$ _____
- 4. Repair or replace upper floor windows. \$ _____
- 5. Repair or replace awning or canopy. \$ _____
- 6. Repair roof, parapet and/or flashing. \$ _____
- 7. Other: _____ \$ _____
- 8. Other: _____ \$ _____
- 9. Other: _____ \$ _____
- 10. Other: _____ \$ _____

TOTAL PROPOSED PROJECT COSTS: \$ _____

Required Attachments

- ___ Sketch or rendering of planned façade changes
- ___ Documents indicating approval of your planned façade changes by the Central Business District Design Review Committee
- ___ Cost estimates/invoices for façade scope of work

Your signature below indicates that you have read and understand the conditions of the Façade Program and that the information you have provided, to the best of your knowledge, is accurate and truthful.

Business Owner

Date _____

Property Owner

Date _____

Office Use

Date Completed Application Received _____

Review Committee Comments _____

Date Approved by City Council _____

City utilities, fees, licenses current? _____