



5. Estimated Project Completion Date \_\_\_\_\_

6. Supporting Documentation

Please attach the following supporting documentation:

Photographs of existing facade

A detailed description of proposed work

Designs of completed facade improvement including color samples and dimensions

Copies of estimates and costs

Copy of lease agreement, if applicable

Number of attachments \_\_\_\_\_

7. Statement of Understanding

The Applicant (undersigned) agrees to comply with the design guidelines and procedures of the City of Freeport, Facade Improvement Program and the conceptual design and outline specifications as agreed to by the applicant and application review team.

The Applicant understands that the Applicant must submit a Project Completion Report/Request for Reimbursement form, along with cost documentation, copies of building permits, receipts, invoices, and contractor's final waivers of lien upon completion of the approved improvements.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is other than the owner, the following line must be completed:

I certify that I, the owner of the property at \_\_\_\_\_ do authorize the applicant to apply for reimbursement under the City of Freeport, Facade Improvement Program and undertake the approved improvements.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Case Number \_\_\_\_\_

Date application received: \_\_\_\_\_

Application fee paid: yes no

Ck# \_\_\_\_\_

Grant approved:

Grant denied:

Date \_\_\_\_\_

Date \_\_\_\_\_

Total estimated project cost \_\_\_\_\_

Reason \_\_\_\_\_

Percent applied for grant \_\_\_\_\_

\_\_\_\_\_