



# STOREFRONT IMPROVEMENT APPLICATION

## PRIMARY CONTACT INFORMATION FOR THIS APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant Name:**

(name of person/entity to receive grant)

\_\_\_\_\_

**Taxpayer ID or SSN:**

\_\_\_\_\_

**Property Owner:**

\_\_\_\_\_

**Property Address:**

\_\_\_\_\_

**Architect/Firm:**

(if applicable)

\_\_\_\_\_

## Description of Property

Current tenant(s):  Commercial \_\_\_\_\_

Residential # occupied: \_\_\_\_\_ # vacant: \_\_\_\_\_

Building History (if available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost of façade renovation: \$ \_\_\_\_\_ 50% Grant Requested: \$ \_\_\_\_\_

Is the façade renovation part of a larger project?

Yes  No, the façade is the only work I am doing

If yes, please describe comprehensive project.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Summary of Existing Condition of Façade: **(Attachment 1 - Pictures)**

Summary of Proposed Scope of Work: (materials, color schemes, etc.) Please attach any drawings available that include post-rehab detail, indicating specifically what will be modified and how. **(Attachment 2 - Drawings)**

Bids or official estimates from licensed commercial contractors or other providers of needed services and materials are required. **(Attachment 3 - Estimates)**

Historic Character: How will proposed project affect historic character? *(if applicable)*

How will your project complement downtown redevelopment efforts?

For more information on completing this application please refer to the following website: [www.graftongov.com](http://www.graftongov.com) or call Grafton City Hall at 701-352-2180.

**A building permit is required for structural improvements.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_