

City of Firebaugh Facade Improvement Grant Program - APPLICATION

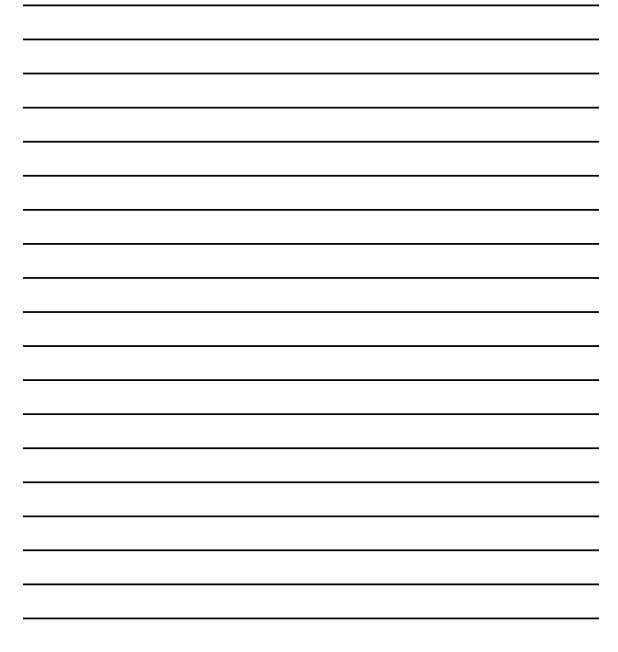
Date Application Submitted				
Applicant Information:	□ Building Owner	□ Tenant		
Name & Company				
Address				
Phone Number	Email Address			
Project Address or Map & Tax Lot No.				
Building Owner Information (if different from applicant):				
Name	\Box Owner endorses the	application		
Address				
Phone Number	Email Address			
Please submit the following information with your application:				
 Photographs clearly showing existing A written description of the proposed Drawings or sketches showing the proplacement of other features around the colors and materials (please attach) A cost estimate from a contractor (if u contractor (please attach) Written consent from the property own 	work posed improvements on the building as building, if applicable; Exact samples sed), including contact information for	nd s of paint, s the		
Project Start Date	Expected Completion Date			
Investment of Applicant	Grant Amount Requested (up to \$	5,000)		

*this is a matching program—Applicant will receive no more than what Applicant indicates they themselves will be spending as indicated in "Investment of Applicant".

I agree that the information provided above and within is accurate and correct to the best of my knowledge. I also assure that my person and business are in compliance with all laws, ordinances, rules and regulations of the State of California and the City of Firebaugh.

Summary of Proposed Work:

Please be specific, providing as many details regarding planned improvements as possible. Also explain how the proposed project will enhance the integrity of the City of Firebaugh. In addition, please tell us what the current use of the building is, what the intended use is, and the purpose of the project for which you are requesting funding assistance.



(Attach additional sheets if necessary.)

Property Owner Consent Form:

I,	("Property Owner"), certify that I own the property	
located at		("Address") in Firebaugh, California
and have reviewed the application	by	("Applicant") for participation
in the City of Firebaugh Facade Im	provement Grant Pr	ogram. I understand that the proposal
includes the following changes to r	ny building:	
I fully support this application and	further certify that t	he Applicant holds a valid lease for
months, expiring on	-	
		_
Signature of Property Owner	Date	
Printed Name		_
Mailing Address and Telephone N	umber:	
		_
		_
		_
Return to:		

City of Firebaugh City Hall 1133 P. Street Firebaugh CA, 93622