



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 _____

Owner endorses the application

Address _____

Phone Number _____ Email Address _____

Please submit the following information with your application:

- Photographs clearly showing existing conditions of the building to be improved
- A written description of the proposed work
- Drawings or sketches showing the proposed improvements on the building and placement of other features around the building, if applicable; Exact samples of paint, colors and materials (please attach)
- A cost estimate from a contractor (if used), including contact information for the contractor (please attach)
- Written consent from the property owner, if owner is different from applicant

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.

Signature of Applicant

Date

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 Improvement Grant Program. I understand that the proposal includes the following changes to my building:

I fully support this application and further certify that the Applicant holds a valid lease for _____ months, expiring on _____.

Signature of Property Owner

Date

Printed Name

Mailing Address and Telephone Number:

Return to:

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