



CITY OF DELAWARE

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DOWNTOWN FAÇADE IMPROVEMENT PROGRAM APPLICATION

1. Name of Applicant: (Indicate: <input type="checkbox"/> Property or <input type="checkbox"/> Business Owner)	
2. Address of Applicant:	
3. Business Name:	
4. Address of Building To Be Improved:	
5. Applicant Telephone/Cell Phone Number:	
6. Applicant Email Address:	Fax Number:
7. Attach Complete Description of Proposed Project. For Leasehold Improvements, Attach Letter From Owner of Property Authorizing Applicant to Undertake Improvements.	
8. Has an Architect Prepared Plans and Specifications for the Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If Yes, Provide Name, Address, and Contact Information of the Architect:	
10. Amount of Downtown Façade Program Funds Requested: \$ _____ (Minimum \$2,000 / Maximum \$20,000)	
11. Proposed Source of Applicant Financing:	
Applicant Acknowledgement: I, the undersigned, have reviewed the Downtown Façade Improvement Program Requirements. If accepted into the program, I agree to abide by the same. I attest that the information provided with the application is true and accurate to the best of my knowledge.	
Signature:	Date
Printed/Typed Name:	
For City of Delaware Purposes: Date and Time Received _____ Selection Criteria Points Awarded _____	

(10/2011) DFIP-3