

# Façade Grant Application

## General Information

1. Applicant's Name \_\_\_\_\_
2. Property Address \_\_\_\_\_
3. Is the applicant the property owner? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Is the property occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Business Name \_\_\_\_\_
6. Business Owner Name \_\_\_\_\_
7. Business Mailing Address \_\_\_\_\_
8. Business Owner Phone \_\_\_\_\_
9. Business Owner Email \_\_\_\_\_
10. Property Owner Name \_\_\_\_\_
11. Property Owner Address \_\_\_\_\_
12. Property Owner Phone \_\_\_\_\_
13. Property Owner Email \_\_\_\_\_
14. Number of Building Stories \_\_\_\_\_ Linear frontage of building \_\_\_\_\_
15. Present use of building? \_\_\_\_\_ Retail \_\_\_\_\_ Office \_\_\_\_\_ Service \_\_\_\_\_ Mixed  
\_\_\_\_\_ Residential \_\_\_\_\_ Other (specify) \_\_\_\_\_
16. Have you secured all financial resources necessary for this renovation project including the matching grant funds that would be reimbursed to you?  
\_\_\_\_\_yes \_\_\_\_\_no
17. On a separate sheet of paper, please give a detailed explanation of the work that you propose performing on the property. Give as much information as you have, including drawings and photos. Bids or quotes for the proposed work must be included.

I (we) have reviewed the Downtown Petoskey Guidelines and understand that our renovations must conform. I (we) certify that the information contained in this application is, to the best of my (our) knowledge, correct and accurate as of this date. I (we) understand that this application does not obligate me (us) or the DMB to any additional financial arrangements made under this Façade Grant Program. I (we) further certify that all work to be done under the Façade Grant Program must meet all applicable State of Michigan and Petoskey City building codes. I (we) agree to maintain the improvements made to my (our) building through the Façade Grant Program.

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Property Owner

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Date

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Business Owner

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Date

The DMB reserves the right to approve and reject any and all requests. Partial or full funding may be awarded.

