

Community Enhancement Partnership Program Facade Enhancement Grant Application Application Form

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Date Received:	
Project Number:	

Applicant Information		
Business Name:		
Applicant Name:	: Phone:	
Address:		
Postal Code:	: Email Address:	
Applicant Description Who is involved in this project? Please check one	,	ness tenant
Luligevity.	: I anticipate the business to be in this location for years	
Project Information		
Project Location		
Include address		
Current Use	First floor:	
(Retail, Restaurant, office commercial) Include use and business name	Second floor:	
	Third Floor:	
Project Description Briefly describe the project.		
Project Impact		
Community Benefit How will this project benefit your community and neighbours?		
Project Sustainability How do you intend to maintain the project in the long term?		
Business Impact Please outline how the City's grant will help you to improve your business	1	

General Work Plan A general work plan will help clarify the details of your proposed project. Outline the general work that will be undertaken to complete the project. Estimate time required to complete the project. ** for structural changes, please provide professional engineering and architectural drawings. Minor changes such as painting and cleaning simply require a description and colour name.				
Proposed Construction Start Date	:: mm/dd/yyyy			
Proposed Completion Date:	mm/dd/yyyy			
General Budget A project budget will help clarify the anticipated cost of your proposed project. This will help the City assess your application. Estimate the costs and out-of-pocket expenses of your project.				
ITEM	DESCRIPTION / DETAILS	PRICE/COST	SUBTOTAL	
	тоти	AL PROJECT COST	\$	
Please outline your financial, labour and material contributions to this project				
	What grant amount you are requ	unsting?		

(maximum \$3,000)

Applicant Declaration

I declare that I am the applicant, property owner or business owner (with permission from the property owner) to rennovate the property façade. I confirm that any funds received as a result of this application will be used only for the purposes set forth herein. I understand that the submission of an application does not constitute a guarantee for funding under the grant program. I certify that all information is true and accurate to the best of my knowledge and if approved, work will be completed in accordance with terms and conditions of the agreement entered into with the City.

Signature:	Date: mm/dd/yyyy	
Name (print):	Phone:	
Authorization of Property Owner- (complete only	y if applicant is not the registered property owner)	
I/We,	the owner of the subject property hereby	
authorize	to act on my behalf for this application	
Signature:	Date:mm/dd/yyyy	
Return the complete Application to: neighbourhoodteam@surrey.ca or Facade Enhancement Program 13450 104 Avenue Surrey, BC V3T 1V8		
Application Check List:		
 □ Completed application form □ Photos of the property (photos should shou	w the whole facade, its context and details)	