

**FACADE GRANT APPLICATION**

*PLEASE PRINT LEGIBLY*

Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Email: \_\_\_\_\_

Brief description of project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor: \_\_\_\_\_

Architect: \_\_\_\_\_

Owner Authorization (if not applicant): \_\_\_\_\_

Estimated Project Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Total Project Cost: \$\_\_\_\_\_

Estimated Project End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reimbursement Funds Requested: \$\_\_\_\_\_

Estimated Total Business/Property Investment: \$\_\_\_\_\_

Estimated Total Jobs Created or Retained: \_\_\_\_\_

*By executing this application, I agree to be bound by the rules, regulations, resolutions, and conditions imposed by the Chamblee Downtown Development Authority (DDA). Without limitation, the DDA Board may, at its sole discretion, deny funding of any application or project. I understand that the requested grant, if approved, will be made in consideration of my carrying out the Project described above so as to revitalize and redevelop the central business district of the City of Chamblee. I further understand that any variance in the project submitted will cause my application to be rejected without consideration for reimbursement. I hereby agree to these provisions.*

Signature \_\_\_\_\_

Date \_\_\_\_\_