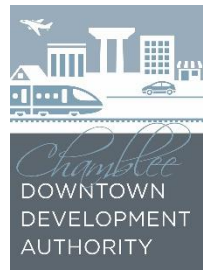


FACADE GRANT APPLICATION

PLEASE PRINT LEGIBLY



Applicant: _____

Phone: _____

Site Address: _____

Email: _____

Brief description of project:

Contractor: _____

Architect: _____

Artist: _____

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 _____