



STOREFRONT IMPROVEMENT APPLICATION

PRIMARY CONTACT INFORMATION FOR THIS APPLICATION

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Applicant Name:

(name of person/entity to receive grant)

Taxpayer ID or SSN:

Property Owner:

Property Address:

Architect/Firm:

(if applicable)

Description of Property

Current tenant(s): Commercial _____

Residential # occupied: _____ # vacant: _____

Building History (if available): _____

Total Cost of façade renovation: \$ _____ 50% Grant Requested: \$ _____

Is the façade renovation part of a larger project?

Yes No, the façade is the only work I am doing

If yes, please describe comprehensive project.

Summary of Existing Condition of Façade: (Attachment 1 - Pictures)

Summary of Proposed Scope of Work: (materials, color schemes, etc.) Please attach any drawings available that include post-rehab detail, indicating specifically what will be modified and how. (Attachment 2 - Drawings)

Bids or official estimates from licensed commercial contractors or other providers of needed services and materials are required. (Attachment 3 - Estimates)

Historic Character: How will proposed project affect historic character? (*if applicable*)

How will your project complement downtown redevelopment efforts?

For more information on completing this application please refer to the following website: graftonnd.gov or call Grafton City Hall at 701-352-1561.

To submit this application, return to Grafton City Hall or email jdusek@graftonnd.gov.

A building permit is required for structural improvements.

Signature of applicant: _____ Date: _____