

**ENCINITAS CHAMBER OF COMMERCE**  
**FACADE GRANT APPLICATION**

Applicants: Please fill out information requested between the double lines.

---

Property Owner Name

---

Business Name

---

Grant Applicant

---

Business Address

---

Mailing Address

---

Phone Number \_\_\_\_\_

Describe Project \_\_\_\_\_

---

Cost Estimate

---

Other \_\_\_\_\_

---

**For Chamber of Commerce Use Only**

Total Project Costs \_\_\_\_\_

Facade Grant Portion \_\_\_\_\_

Date Received \_\_\_\_\_

**SIGN-OFFS:**

Planning Dept./Design Review Approval \_\_\_\_\_ Date \_\_\_\_\_

Project Director \_\_\_\_\_ Date \_\_\_\_\_

Design Committee Approval \_\_\_\_\_ Date \_\_\_\_\_

Building Dept. \_\_\_\_\_ Date \_\_\_\_\_

Chamber Board \_\_\_\_\_ Date \_\_\_\_\_

Funds Disbursed \_\_\_\_\_ Date \_\_\_\_\_

PRELIMINARY COST ESTIMATE

<u>Category</u>	<u>Estimated Cost</u>
* Architectural fees	_____
* Building Facade remodeling	_____
* Window Replacement	_____
* Exterior Paint	_____
* Awnings, Canopies	_____
* Exterior Lighting	_____
* Glazing	_____
* Sign removal/New Signage	_____
* Trash enclosure	_____
* Landscaping	_____
* Door replacement	_____
* Other (describe)	_____
TOTAL ESTIMATED COST	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FACADE GRANT PROGRAM

REIMBURSEMENT AGREEMENT  
(return with copies of paid invoices)

The undersigned, in consideration of the terms and conditions of the Facade Grant Program and requesting reimbursement for an eligible portion of the costs of facade improvement at the location \_\_\_\_\_, Encinitas, California, does hereby certify that:

- 1. The cost documentation submitted is true and complete.
- 2. The City may verify any such cost documentation information.
- 3. The following is list of total costs for eligible improvements.

<u>Type of work</u>	<u>Actual Cost</u>	<u>Rebate</u> (office use only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

\_\_\_\_\_  
Signature Date