

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 _____

**FACADE GRANT
PRELIMINARY COST ESTIMATE**

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

Signature of Applicant

Date

FACADE GRANT

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 located at _____, 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 of Applicant

Date