

Terrace Downtown Improvement Area Facade Improvement Program Grant Application

Applicant information

| Applicant Name: | | _ |
|---|--------|---|
| Mailing Address: | | _ |
| Postal Code: F Cell: | Phone: | |
| Building Address: | | |
| Email: | | |
| If you are applying as the tenant of a body of consent from the owners stating that | | |
| Owner's Name: | | _ |
| Address: | | |
| Postal Codo: | Dhone: | |



Project Description

| Describe the proposed project: (attach any extra sheets, photos, designs, samples, Etc.) |
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| |
| |
| 2. Planned Start Date: |
| 3. Planned Completion Date: |
| 4. Estimated Total Project Cost: |
| 5. Project Cost Components (Estimates): |
| Materials Labour |
| Design \$ \$ |
| Mechanical \$ \$ |
| Electrical \$ \$ |
| Structural \$ \$ |
| Other \$ \$ |



Applicant Checklist:

| Property taxes paid |
|--|
| License fees paid |
| Required permit applications completed (Building and or Development permits) |
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| |
| Attach to application: |
| Photos of existing conditions |
| Detailed specifications and associated costs |
| Cost estimates from contractors |
| Drawings |
| Material and colour choice |
| Building Owner Authorization Letter (if required) |
| |

Terms and conditions

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|---------------------|--|
| of | |
| (Applicant) | |
| (Business/Building) | |

have read the complete application and concur with and give my consent to the work proposed in the application.



I assume all responsibility for obtaining appropriate architectural drawing, building permits and inspections, and hiring of contractors as necessary.

I will allow the Terrace Downtown Improvement Area (TDIA) and the City of Terrace to use photos before and/or after pictures of the project for the purpose of promoting this program in the future.

I agree not to involve the Terrace Downtown Improvement Area (TDIA), City of Terrace or the Façade Improvement Program in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the façade improvement project.

I give my consent to the City of Terrace and the Project Staff to make all inspections necessary to confirm that the approved plans are implemented in accordance with expected standards.

Payment of approved grants will be made upon the applicant providing the Project Review Committee proof of final completion of the proposed improvements along with verification of expenditures and proof of final inspection(when required).

| Signature: | - |
|--------------------------|---|
| Date: | |
| Application received by: | _ |
| Date: | |

Submitting Your Application

Completed funding applications (with all required attachments) should be submitted by e mail to terracetdia@gmail.com