



City of West Columbia  
*Bridging Past, Present and Future*

## Facade Improvement Grant Program

### APPLICATION

#### RETURN COMPLETED APPLICATION TO:

**Grants Administration**  
**City of West Columbia**  
**200 N. 12<sup>th</sup> Street**  
**West Columbia, SC 29169**

**EMAIL: [grants@westcolumbiasc.gov](mailto:grants@westcolumbiasc.gov)**  
**PHONE: (803) 791-1880**

#### APPLICANT INFORMATION:

Applicant(s) Name: \_\_\_\_\_

Applicant(s) Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

What is your legal interest in the property?  Property Owner  Tenant  Other: \_\_\_\_\_

#### **If applicant is not a legal property owner, please complete the following:**

Property Owner(s) Name: \_\_\_\_\_

Property Owner(s) Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### PROPERTY INFORMATION:

Property Address: \_\_\_\_\_

Tax Parcel ID Number(s): \_\_\_\_\_

Property Zoning Classification: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Current use of Property: \_\_\_\_\_

Description of Property: \_\_\_\_\_

**OCCUPANCY INFORMATION:**

**Please provide the following information for ALL current business occupants:**

Business Name

Owner/Manager

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROJECT DESCRIPTION:** *(Please provide as much detail as possible.)*

Proposed Project:

<input type="checkbox"/> Exterior signs	<input type="checkbox"/> Façade improvements
<input type="checkbox"/> Awnings, canopies, sunshades etc.	<input type="checkbox"/> Outdoor lighting
<input type="checkbox"/> Painting or exterior surface treatment	<input type="checkbox"/> Windows and Doors- Removal/Replacement
<input type="checkbox"/> Masonry/Carpentry Repairs	<input type="checkbox"/> Iron Bar Removal/Disposal
<input type="checkbox"/> Repair/Replace/Preserve Architectural features	<input type="checkbox"/> Entranceway Improvements (Building or Parking Lot)
<input type="checkbox"/> Restoration of historic features	<input type="checkbox"/> Storefront modification

**1. Proposed façade improvements:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Anticipated start date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Anticipated completion date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3. Anticipated total cost of entire project (including all improvements):** \$ \_\_\_\_\_

**4. Anticipated total cost of façade improvements:** \$ \_\_\_\_\_

**5. Total façade grant amount you are requesting (maximum \$10,000):** \$ \_\_\_\_\_

**6. Additional comments:** \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

Please submit the following with completed application:

- 1) **PHOTOGRAPHS OF EXISTING FACADE**
- 2) **IF AVAILAVLE PLANS AND/OR ELEVATIONS OF PROPOSED IMPROVEMENTS**
- 3) **LIST OF MATERIALS TO BE USED, i.e., paint samples, material samples, lighting examples.**
- 4) **DETAILED COST ESTIMATES/BIDS FOR PROPOSED IMPROVEMENTS**
- 5) **IF APPLICANT IS NOT THE PROPERTY OWNER, INCLUDE THE PROPERTY OWNER CONSENT FORM**

I/We certify that all information provided in or attached to this application is true and correct. I/we authorize the City of West Columbia to make any inquiries necessary in order to verify the accuracy of same or to confirm that all invoices submitted hereunder have or will be paid. I/We agree to hold the City of West Columbia harmless for any charges, damages, claims or liens arising out of our participation in the Facade Improvement Program.

**WITNESS**

\_\_\_\_\_

**APPLICANT**

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Signature

**WITNESS**

\_\_\_\_\_

**APPLICANT**

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Signature



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### PROPERTY OWNER CONSENT FORM

The undersigned owner of the existing building located at: \_\_\_\_\_  
\_\_\_\_\_ (ADDRESS) certifies that  
\_\_\_\_\_ (APPLICANT) operates or intends to operate a business at the  
above location. The undersigned agrees to permit APPLICANT and his contractors or agents to implement  
improvements listed on the City of West Columbia, Facade Improvement Program application (APPLICATION)  
dated: \_\_\_\_\_.

The undersigned hereby waives any claim against the City of West Columbia (CITY) arising out of the use of  
said program funds for the purposes set forth in the APPLICATION. The undersigned agrees to hold the CITY  
harmless for any charges, damages, claims or liens arising out of the APPLICANT's participation in the Facade  
Improvement Program.

**WITNESS**

\_\_\_\_\_

**OWNER**

\_\_\_\_\_

Name/Title

\_\_\_\_\_  
Signature

**WITNESS**

\_\_\_\_\_

**OWNER**

\_\_\_\_\_

Name/Title

\_\_\_\_\_  
Signature