

RETURN COMPLETED APPLICATION TO:

Grants Administration

City of West Columbia PHONE: (803) 791-1880 200 N. 12th Street West Columbia, SC 29169 **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:

EMAIL: grants@westcolumbiasc.gov

OCCUPANCY INFORMATION:				
Please provide the following information for ALL current business occupants:				
Business Name	Owner/Manager		Phone Number	
1.				
2.				
3.				
PROJECT DESCRIPTION: (Please provide possible.)	e as much detail as			
Proposed Project:			Masonry/Carpentry Repairs	
Exterior signs			Iron Bar Removal/Disposal	
☐ Façade improvements			Repair/Replace/Preserve Architectural	
Awnings, canopies, sunshades etc.			features	
Outdoor lighting			Entranceway Improvements (Building or Parking Lot)	
Painting or exterior surface treatment			Restoration of historic features	
☐ Windows and Doors Removal/Replace	ement		Storefront modification	
Proposed façade improvements:				
2. Anticipated start date:				
Anticipated completion date:				
3. Anticipated total cost of entire project (inclimprovements): \$	uding all			
4. Anticipated total cost of façade improveme	nts: \$			
5. Total façade grant amount you are requesti \$10,000): \$	ng (maximum			
6. Additional comments:				

ADDITIONAL REQUIREMENTS:

Please submit the following with completed application:

- 1. PHOTOGRAPHS OF EXISTING FAÇADE
- 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

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



Facade Improvement Grant Program PROPERTY OWNER CONSENT FORM

The undersigned owner of the exi	isting building located at:
	(ADDRESS) certifies
agents to implement improvemen	(APPLICANT) operates or intends to operate a he undersigned agrees to permit APPLICANT and his contractors or its listed on the City of West Columbia, Facade Improvement Programed:
The undersigned hereby waives a use of said program funds for the The undersigned agrees to hold t	any claim against the City of West Columbia (CITY) arising out of the purposes set forth in the APPLICATION. the CITY harmless for any charges, damages, claims, or liens arising ation in the Facade Improvement Program.
WITNESS	APPLICANT
	Name/Title
	Signature
WITNESS	APPLICANT
	Name/Title
	Signature