



**DOWNTOWN ANDERSON
FACADE GRANT PROGRAM
APPLICATION AND AGREEMENT**

Applicant: _____ **Property Owner** _____

Applicant Address _____

Telephone _____ **E-mail address for correspondence** _____

Project Physical Address: _____

Name of Business _____

Project Start Date* _____ **Project Completion Date*** _____

Project Description: _____

Date of Board of Architectural Review Certificate of Appropriateness _____

Contractor & Contact Info _____

Total Cost of Project (attach contractor's bid) \$ _____

Amount Requested (50% of total not to exceed \$2500 per facade) \$ _____

- Applicants will receive approval notification by e-mail or regular mail at the addresses provided above.
- Work completed prior to grant approval is not eligible for funding
- Façade changes will be as approved by the City of Anderson Board of Architectural Review on _____
- *The project will be completed within 120 days of approval.
- Reimbursement will occur after project completion and upon submission of appropriate forms and documents as outlined in the guidelines.
- All required permits are the responsibility of the owner/applicant.

Signed _____
Property Owner(s) Date

Signed _____
Applicant Date

Send all materials to: Arlene Young, Downtown Development Director, City of Anderson, 401 S. Main St., City Hall, Anderson, SC 29624, FAX 864-231-7854 or e-mail ayoung@cityofandersonsc.com .