



FACADE IMPROVEMENT GRANT APPLICATION

City of Atlantic Beach

Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

FILE # _____

APPLICANT INFORMATION

NAME _____ PHONE # _____

ADDRESS _____ CELL # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ RE# _____

SUBDIVISION _____ BLOCK # _____ LOT # _____

PROPERTY OWNER INFORMATION *(if different than the applicant)*

NAME _____ PHONE # _____

ADDRESS _____ CELL # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ OWNER LEGAL AUTHORIZED AGENT

AMOUNT OF GRANT MONEY REQUESTED _____

PROVIDE ALL OF THE FOLLOWING INFORMATION

BRIEF DESCRIPTION OF THE SCOPE OF YOUR PROPOSED PROJECT. *(YOU CAN ATTACH FURTHER DETAILS WITH THIS PACKAGE WHEN YOU PROVIDE THE NECESSARY DOCUMENTATION IN THE APPLICATION CHECKLIST)*

APPLICATION PACKAGE CHECKLIST

*Additional information may be required, depending upon circumstances unique to individual applications

** Please attach items 2 through 7

1. **APPLICATION:** A completed Facade Improvement Grant Application.
2. **PROOF OF OWNERSHIP:** Title or Deed of Trust and, if a leasing business, a copy of the lease and letter of authorization from the property owner approving the proposed changes.
3. **PROPOSED WRITTEN SCOPE OF PROJECT** (in addition to the information provided on the front): This may include a description of improvements and/or sketches/photos of new sign, awning, paint colors and/or facade improvements, architectural plans, elevations and/or perspective drawings and sketches or proposed improvements.
4. **PHOTOS:** Color photos of the existing facades or vehicle use area in the proposal.
5. **TIMELINE:** Project completion timeline.
6. **PROPOSED PROJECT BUDGET:** Itemized estimate of total project budget.
7. **SIGNED AGREEMENT:** Signed agreement that documents the required 50% match.

**The City reserves the right to deny this request for any reason.*

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT: Signature of Property Owner(s) or Authorized Agent

SIGNATURE OF APPLICANT

PRINT OR TYPE NAME

DATE

State of _____

Signed and sworn before me on this _____ day of _____, _____ by _____

County of _____

Identification verified: _____

Oath Sworn: Yes No

Notary Signature

My Commission expires _____



LETTER OF AUTHORIZATION
City of Atlantic Beach
 Community Development Department
 800 Seminole Road Atlantic Beach, FL 32233
 (P) 904-247-5800

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OWNER INFORMATION

NAME _____ PHONE # _____
 ADDRESS _____ CELL # _____
 CITY _____ STATE _____ ZIP CODE _____

AGENT INFORMATION

NAME _____ PHONE # _____
 ADDRESS _____ CELL # _____
 CITY _____ STATE _____ ZIP CODE _____

_____ is hereby authorized to act on behalf of
 _____ the owner(s) of those lands described
 in the attached application and as described in the attached deed or other such proof of ownership as may be required
 in applying to the City of Atlantic Beach, Florida, for an application related to a Tree and Vegetation Removal Permit.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT: Signature of Property Owner(s) or Authorized Agent

 SIGNATURE OF OWNER PRINT OR TYPE NAME DATE

 SIGNATURE OF OWNER #2 PRINT OR TYPE NAME DATE

Signed and sworn before me on this _____ day of _____, _____ by State of _____
 _____ County of _____

Identification verified: _____

Oath Sworn: Yes No

 Notary Signature

My Commission expires _____