



FAÇADE GRANT APPLICATION

*City of Dallas, Georgia
129 E. Memorial Drive
Dallas, Georgia 30132
770-443-8110*

Date: _____

Applicant: _____ [] Owner: [] Tenant:

Building Address _____

Email Address: _____

Building or Establishment for which this application applies:

(Name and Address)

Name and Address of Owner of Building (if other than Applicant):

Space is provided below for a general description of your project:

If building is not occupied, what is its proposed use:

Estimated cost of Improvements: \$ _____

Grant Amount Requested: \$ _____

Note: Payment Contingent upon Vendor Receipts Submission

Owner, if other than Applicant:

I, _____ hereby certified that I am the owner of this land on which the proposed Project is situated, and that the foregoing applicant, in filing an application for the City of Dallas, Georgia Façade Grant Program, is acting with my knowledge and consent. I, the undersigned, understand that the façade grant must be used for the project described in this application. I have read the requirement guidelines, agree to follow them and will adhere to the decision of the Dallas Downtown Development Authority. Applicant is expected to maintain the project improvements for a period of at least three years.



APPLICATION FORM (Continued)

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

For Office Use: Amount Approved: \$ _____

Date Approved: _____ Required Completion Date: _____

Major or Minor Improvements Project: _____

City of Dallas Downtown Development Authority Review of Project Completion Date: _____