

The City of High Point  
Façade Improvement Grant Application

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU OWN OR LEASE THE BUILDING: \_\_\_\_\_

*If leased, the building owner must co-sign the application.*

**BUILDING INFORMATION**

BUILDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PRESENT USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

NUMBER OF FLOORS: \_\_\_\_\_

DOES THE FAÇADE HAVE ANY STRUCTURAL DAMAGE OR AREAS IN NEED OF MAJOR REPAIR?

\_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RENOVATION INFORMATION**

PLEASE DETAIL, AS SPECIFICALLY AS POSSIBLE, THE TYPES AND EXTENT OF THE PROPOSED WORK TO BE COMPLETED (attach separate sheet if necessary):

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In addition to the information provided here, please attach architectural plans, current photographs, etc.

TOTAL ESTIMATED COST (PLEASE ATTACH ESTMATES): \$ \_\_\_\_\_

**APPLICANT'S SIGNATURE**

I understand the requirements of this program. If approved, I agree to complete the project according to the plans or specifications described in this application and give the Grant Administrator the right of inspection of the finished work and to provide copies of all paid invoices pertaining to the work described.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (If different from Applicant)

\_\_\_\_\_  
Date