



FREMONT Michigan

"NOW AND ALWAYS - A Fine City • A Great Community"

DOWNTOWN FREMONT FAÇADE IMPROVEMENT PROGRAM GRANT FUNDING APPLICATION

Project Location

Address: _____

Parcel # (s): 62- _____
62- _____

Name of Business: _____
Name of Business Owner: _____
Business Owner Phone #: _____

Property Owner/Applicant Information

Name: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

Work to be performed on which façade (check all that apply)?

_____ Front
_____ Rear
_____ Side Which side? _____

Sign Design Services (Will need to complete a separate Sign Design Services Agreement)

Y or N - New Sign Design: Which façade: _____
What type: _____

Architectural Services (Will need to complete a separate Architectural Services Agreement)

Y or N - Architectural Services Requested

Description of Proposed Improvements

Projected Start Date: _____

Projected Completion Date: _____

Estimated Cost of Improvements (please itemize)

Estimated Amount of Funding Requested

\$ _____

Acknowledgement

I have received and reviewed the Downtown Fremont Façade Improvement Program Guidelines and the Downtown Fremont Façade Improvement Design Guidelines and agree to comply with them in order to be eligible for technical and financial assistance.

(Note: “Before” and “after” pictures of the façade project must be provided to the City of Fremont. High-quality digital photos are preferred.)

Certification

I certify that the above information is complete to the best of my knowledge.

Property Owner / Applicant

Date

City Receipt of Application

Received by:

Date

Return application to the following address:

Fremont City Hall
101 E. Main Street
Fremont, MI 49412
Attn: Neighborhood & Economic Development Director