

Commercial Corridors Facade Improvement Program



APPLICATION

IN ORDER TO BE ELIGIBLE FOR FUNDING, THIS APPLICATION AND ALL ADDITIONAL DOCUMENTS MUST BE SUBMITTED AND APPROVED PRIOR TO COMMENCEMENT OF WORK.

RETURN COMPLETED APPLICATION TO:

Program Coordinator: Tracy Ramseur, Senior Economic Development Project Manager

Email: tramseur@greenvillesc.gov **Phone:** (864) 467-4404

Mailing Address: City of Greenville, P.O. Box 2207, Greenville, SC 29602

Physical Address: 206 S. Main Street, Greenville, SC 29601

Website: <https://www.greenvillesc.gov/341/Facade-Improvement-Program>

APPLICANT INFORMATION:

Applicant(s) Name: _____

Applicant(s) Mailing Address: _____

Phone Number: _____ Email Address: _____

What is your legal interest in the property? Property Owner Tenant Other: _____

If applicant is NOT a legal property owner, please complete the following:

Property Owner(s) Name: _____

Property Owner(s) Mailing Address: _____

Primary Contact Name/Title: _____

Phone Number: _____ Email Address: _____

PROPERTY INFORMATION:

Property Address: _____

Parcel ID Number(s): _____

Property Zoning Classification: _____

OCCUPANCY INFORMATION:

Please provide the following information for ALL current business occupants:

Business Name	Owner/Manager Name	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT DESCRIPTION:

- 1. Proposed exterior building and site improvements: _____

- 2. Anticipated start date: ____/____/____ Anticipated completion date: ____/____/____
- 3. Anticipated total cost of entire project (including all improvements): \$ _____
- 4. Anticipated total cost of exterior building and site improvements: \$ _____
- 5. Additional information: _____

ADDITIONAL REQUIREMENTS:

Please submit the following with completed application:

- I. PHOTOGRAPHS OF EXISTING BUILDING AND SITE
- II. PLANS AND/OR ELEVATIONS OF PROPOSED IMPROVEMENTS
- III. DETAILED DESCRIPTION OF MATERIALS
- IV. DETAILED COST ESTIMATES/QUOTES FOR PROPOSED IMPROVEMENTS
- V. IRS W-9 FORM: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- VI. CITY OF GREENVILLE VENDOR FORM
- VII. PROPERTY OWNER CONSENT FORM (only if applicant is not the property owner)

I/We certify that all information provided in, or attached to, this application is true and correct, and I/we authorize the City of Greenville and the Facade Improvement Program Review Committee to make any inquiries necessary in order to verify the accuracy of same; or to confirm that all invoices submitted hereunder have, or will be paid. I/We agree to hold the City of Greenville harmless for any charges, damages, claims or liens arising out of our participation in the Facade Improvement Program.

WITNESS my hand and seal this the _____ day of _____, 2019.

APPLICANT

Name/Title

Signature

WITNESS

Name/Title

Signature

WITNESS

Name/Title

Signature

THIS PART TO BE COMPLETED BY CITY OF GREENVILLE

1. Completed application and all additional documents received: ____/____/____

2. Application Decision: Approved Approved with changes Denied

Eligible Expenditures: _____

Estimated Reimbursement: \$ _____

Comments: _____

3. Improvements completed and reported to City with documentation: ____/____/____

4. Reimbursement Decision: Approved Approved with changes Denied

Approved Reimbursement: \$ _____ Check issued: ____/____/____

COMMERCIAL CORRIDORS FACADE IMPROVEMENT PROGRAM



PROPERTY OWNER CONSENT FORM

The undersigned owner of the existing building located at: _____
(ADDRESS) certifies that _____ (APPLICANT) operates or
intends to operate a business at the above location. The undersigned agrees to permit APPLICANT
and his contractors or agents to implement improvements listed on the City of Greenville, Facade
Improvement Program application (APPLICATION) dated: _____.

The undersigned hereby waives any claim against the City of Greenville (CITY) arising out of the use of
said program funds for the purposes set forth in the APPLICATION. The undersigned agrees to hold
the CITY harmless for any charges, damages, claims or liens arising out of the APPLICANT's
participation in the Facade Improvement Program.

WITNESS my hand and seal this the _____ day of _____, 2019.

WITNESSES

OWNER

Name/Title

Signature

WITNESSES

OWNER

Name/Title

Signature