

TOWN OF AHOSKIE

Winter 2024

Façade Grant Program Application

Date: Name(s) of Owner/Business Operator:

Owner(s)/Business Operator(s) Address:

Owner(s)/Business Operator(s) Email Address:

Owners(s)/Business Operator(s) Phone Number(s):

Note: Business Operators with at least two (2) years remaining on their lease or an option to renew their lease must have the property owner of record sign the permission form on the back authorizing and approving such façade improvements.

Property Address:

Existing Use of Property:

Use of Property After Improvements:

Property Legal Description:

General Description of Improvements, include types of materials and colors (please attach documentation such as photos or architectural drawing):

Estimated Cost of the Façade Improvement (Total):

Breakdown of Estimated Costs:

Applicant(s) Signature:

Date:

I certify that I, the trustee and/or owner(s) of record of the property located at ______ give the above signed applicant authority to implement the above described improvements as may be allowed under the Town of Ahoskie's Façade Grant Program.

Property Owner(s) Name:

Date:

Property Owner(s) Signature: