



106 East Lee Street, Thomaston, GA 30286
(706)647-4242
DOWNTOWN DEVELOPMENT AUTHORITY
FAÇADE GRANT APPLICATION

BUSINESS NAME: _____

PROPERTY ADDRESS: _____

APPLICANT'S NAME: _____

OWNER OF BUILDING: _____

APPLICANT'S ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DESCRIPTION OF PROJECT

(Please Note: To receive payment, project must be completed as described)

Start Date: _____

Completion Date: _____

***MUST INCLUDE PHOTOGRAPH OF CURRENT FAÇADE AND DETAILED SKETCH SHOWING EXACT LOCATION OF PROPOSED WORK. WHEN FINISHED AND READY FOR REVIEW, AN AFTER PHOTO MUST ALSO BE PRESENTED SHOWING ALL COMPLETED WORK.**

APPLICATION CHECKLIST

_____ Application fully completed.

_____ Budget summary attached.

_____ Historic Preservation Approval

_____ Estimated Cost of Project: (Please attach detailed budget summary)

Amount of Façade Grant Appyling for \$_____ (not to exceed \$5,000)

*I HAVE ATTACHED PROJECT PLANS AND SPECIFICATIONS, OR OTHER APPROPRIATE DESIGN DOCUMENTATION, AS WELL AS A COPY OF CERTIFICATE OF APPROPRIATENESS AND HISTORIC PRESERVATION COMMISSION (HPC) APPROVAL.

*I UNDERSTAND THAT THE INCENTIVE MATCH MUST BE USED FOR THE PROJECT DESCRIBED IN THIS APPLICATION AND THAT THE PROJECT MUST BE FULLY COMPLETED ACCORDING TO WHAT WAS AGREED UPON WITH THE MAIN STREET /DDA BOARD AND ALL REQUIREMENTS MENTIONED IN THE FAÇADE GRANT PROGRAM GUIDE HAVE BEEN MET BEFORE PAYMENT WILL BE CONSIDERED.

*I FURTHER UNDERSTAND THAT DEVIATIONS FROM AN APPROVED PLAN OR FAILURE TO COMPLY WITH ALL CITY ORDINANCES MAY DISQUALIFY ME FROM RECEIVING THE FAÇADE GRANT.

The Main Street/DDA Board will review applications and notify awardees within ten (10) business days in writing. All work must be completed within 90 days of written notification of the grant award. All necessary permits from Thomaston Building Official must be obtained before construction commences.

SIGNATURE _____ DATE _____

Main Street/DDA Board Certification Area:

Grant Approved _____

Grant Amount Approved: \$ _____

Grant Denied _____

Grant Received Date: _____

Comments: _____

_____ Economic Development Coordinator Signature

_____ Date

_____ DDA Chair or Co Chair Signature