

Facade Grant Programs

APPLICATION



Daytona Beach CRA

Type: Residential Façade Grant Commercial Façade Grant

Redevelopment District _____

Property Address _____

Applicant (Property Owner) _____ Telephone (Business /Cell) _____

Federal I.D. Number or Social Security # _____

Project Description: _____

Building Proposed Improvements:

	Improvement	Total Cost	Match	Grant
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	
5.		\$	\$	
6.		\$	\$	
7.		\$	\$	
8.		\$	\$	

Estimated Construction Time: _____ days Estimated Completion Date: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE:

- Zoning
- Permitted Use
- Parking Provided (Residential)

- Application Checklist:**
- Proof of Ownership
 - Written Consent of Owner
 - Completed application form
 - Two work estimates
 - Applicant does not owe the City
 - Photograph of the existing building
 - Drawings of proposed improvements

- Approval:**
- Application received by: _____
- Improvements meet Design Standards:
- _____ Date _____
- Redevelopment Director Approval:
- _____ Date _____