

# 2024 DDTF Façade Improvement Grant Application Form

Building Address: \_\_\_\_\_

Grant Funds Requested:                    \$\_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Email: \_\_\_\_\_

Applicant is (circle one):                    Building Owner / Business Owner / Both

If applicant is not building owner, provide building owner information below:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Email: \_\_\_\_\_

## 2024DDTF Façade Improvement Grant Application Form (cont.)

Contractor(s) to be hired to complete project:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Washington State License Number: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

(If more than one contractor will be hired, please provide additional contractor information on separate attached sheet.)

Is a building permit required for this project? Yes / No

Is a certificate of appropriateness required for this project? Yes / No

Provide a brief written description of the project (attach additional pages if needed):

Attach detailed bid(s) from contractor(s) to this application, including materials list and estimated hours.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if different from applicant – otherwise leave blank)