



Commercial Corridors Façade Improvement Program Application

Contact: Mike Forman, Planning Director 864.834.8740 mike@travelersrestsc.com

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

Applicant Information

Applicant Name*

First Name

Last Name

Applicant Mailing Address*

Address Line 1

Address Line 2

City

State

Zip Code

Phone*

Email*

What is your legal interest in the property?*

Property owner

Tenant

Other:

Property Owner's Name*

First Name

Last Name

Property Owner(s) Mailing Address*

Address Line 1

Address Line 2

City

State

Zip Code

Primary Contact Name*

First Name

Last Name

Primary Contact Title*

Primary Contact Email*

Primary Contact Phone*

Property Information

Property Address*

Address Line 1

Address Line 2

City State Zip Code

Parcel ID Number(s)*

Property Zoning Classification*

Occupancy Information

Please provide the following information for ALL current business occupants: Business Name, Owner/Manager Name, and Phone Number*

Project Description

Please describe the proposed exterior building and site improvements*

Anticipated Start Date*

Anticipated Completion Date*

Anticipated total cost of entire project (including all improvements)*

Anticipated total cost of exterior building and site improvements*

Additional information (optional)

Additional Requirements

Please submit the following with completed application:

- Photographs of existing building and site
- Plans and/or elevations of proposed improvements
- Detailed description of materials
- Detailed cost estimates/quotes for proposed improvements
- IRS W-9 Form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Property Owner Consent Form (only if applicant is not the property owner)

File Upload

Choose File Remove File No File Chosen

File uploads may not work on some mobile devices.

Consent

I/We understand and acknowledge that application for funding does not assume an award of same and the City of Travelers Rest retains the sole discretion to accept an application, reject an application, or make an award of funding, in whole or in part. I/We certify that all information provided in, or attached to, this application is true and correct, and I/we authorize the City of Travelers Rest staff to make any inquiries necessary to verify the accuracy of the same; or to confirm that all invoices submitted hereunder have, or will, be paid. I/We agree to defend, identify, and hold the City of Travelers Rest harmless for any charges, damages, claims, suits, or liens arising out of or related in any manner to, the undersigned's participation in the Façade Improvement Program.

Date (Month, Day, Year):

Applicant Name*

First Name

Last Name

Applicant Signature*

First Witness Name*

First Name

Last Name

First Witness Signature*

Second Witness Name*

First Name

Last Name

Second Witness Signature*