



Commercial Corridors Façade Improvement Program Property Owner Consent Form

Contact: Mike Forman, Planning Director

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Property Address*

Address Line 1

Address Line 2

City

State

Zip Code

Façade Improvement Program Applicant Name*

First Name

Last Name

The undersigned owner of the existing building located at the address above (ADDRESS) certifies that the applicant above (APPLICANT) operates or intends to operate a business at the above location. The undersigned agrees to permit APPLICANT and his contractors or agents to implement improvements listed on the City of Travelers Rest Façade Improvement Program application (APPLICATION). The undersigned hereby waives any claim against the City of Travelers Rest (CITY) arising out of or related in any manner to, the use of said program funds for the purposes set forth in the APPLICATION. The undersigned further agrees to identify, defend, and hold the CITY harmless for any charges, damages, claims, suits, or liens arising out of the APPLICANT's participation in the Façade Improvement Program.

Date of Application (Month, Day, Year):

Owner Name*

First Name

Last Name

Owner Signature

First Witness Name*

First Name

Last Name

First Witness Signature

Second Witness Name*

First Name

Last Name

Second Witness Signature*

**Denotes required field*