



DESTINATION DOWNTOWN EDENTON INC.
FACADE IMPROVEMENT PROGRAM

APPLICATION FORM

All work **MUST** comply with the appropriate Grant Guidelines.

Applicant Name _____
(Last) (First) (MI)

Property Physical Address _____, Edenton, NC 27932

Business Name _____

Mailing Address _____

Date: (mm/dd/year) _____ Phone _____

E-Mail _____ Fax _____

I am the (check all that apply): Property Owner and/or the Business Owner

Property Owner _____; _____
Property Owner Signature

Improvement Information: On attached sheet(s) describe your proposed improvement project: provide samples, "before" photographs, pictures, or a sketch; show size; proposed color(s); method of cleaning brick storefronts; materials; location on property/building; and, manner of installation, etc..

Estimated Date of Completion of Work: _____

Approved as Submitted Approved with Modifications or Conditions
(Modifications/Conditions stated on reverse)

Rejected (Reasons for rejection stated on reverse or see attached)

_____ Date _____
Design Subcommittee Representative

Payment Info: Approved for Reimbursement Rejected for Reimbursement (see reverse)

_____ Date _____
Design Subcommittee Representative

Documented Cost of Facade Improvement \$ _____. **(All documentation must be attached for reimbursement. No Reimbursement can be given without documentation)**

Submit application to: Destination Downtown Edenton Inc.
PO Box 441
100 East King Street
Edenton, NC 27932