Winters Community Redevelopment Agency
Downtown Facade Improvement Program
APPLICATION

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1. Project Location

Address or Property to be Improved:_____

Assessor Parcel Number(s):_____

Name of Business(es) in Project:_____

2. Applicant Information

Name:_____

Address:_____

Phone:_____

Do you: _____Own _____Rent (month to month)_____Lease the subject property?

If leased, date of lease expiration:_____

Name of Property Owner_____Phone_____

3. Business or Services Offered on site_____

_____

Total Building Square Footage:_____ Leased Square Footage:_____ Building Frontage:_____

4. Description of proposed Improvements:_____

_____

Please include the following, if applicable: a) rendering or sketch of proposed improvements; b) architectural plans; c) sign plans; d) awning design; e) color and materials samples for paint, awning, signs, etc.

5. Estimated Costs and Timing:

	Estimated Cost
A. Water Clean Exterior	$_____
B. Exterior Paint	$_____
C. Sign Removal	$_____
D. New Signage	$_____
E. Awnings	$_____
F. Window Replacements	$_____
G. Exterior Lighting	$_____
H. Facade Restoration	$_____
I. Architectural/Design Fees	$_____
J. Other Proposed Improvements	$_____
K. Building Permit/Planning Fees	$_____
TOTAL ESTIMATED COST	**$**_____
Estimated Days/Months for Completion:	_____

Signed:_____ **Signed:**_____

_____ _____

Property Owner(s) Signature(s) Applicant(s) Signature(s)

Date: _____ **Date:** _____