

City of Cayce Façade Improvement Program

The Façade Improvement Program is available to owners and tenants of buildings used for commercial purposes along the Knox Abbott, State Street and Frink Street (State to 12th) Commercial Corridors. Properties are eligible to receive up to a \$5,000 grant. This is a reimbursement grant and shall be administered on a first come first serve basis, until available funding for the program is expended. Please refer to program guidelines for eligibility requirements. To apply for a grant, please complete all three sections of this application.

I. GRANT APPLICATION

A 1:	
Applicant Name:	
Home Address:	
Email Address:	
Phone Number:	
Business Owner: Yes No	
Building Owner: Yes No	
Owner Type (Check one): Individual Prop	orietorship Partnership Corporation LLC
BUSINESS INFORMATION	
Business Name:	
Business Address:	
Mailing Address (if different from above):	
Tax ID Number:	DUNS Number:
Insurance Agent Name & Contact Information: _	
PROJECT INFORMATION	
Proposed Project (check all that apply):	
Proposed Project (check all that apply): Exterior signs	Façade improvements
_	☐ Façade improvements ☐ Outdoor lighting
Exterior signs	
 Exterior signs Awnings, canopies, sunshades etc Painting or exterior surface treatment Masonry/Carpentry Repairs 	Outdoor lightingFencingIron bar removal/disposal
Exterior signs Awnings, canopies, sunshades etc Painting or exterior surface treatment Masonry/Carpentry Repairs Architectural features	 Outdoor lighting Fencing Iron bar removal/disposal Entrance improvements (building/parking lot)
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Full Name:	
LANDLORD ACKNOWLEDGEMENT I am the landlord of the building address noted in this project application and my address and phone number is noted correctly in this document. I have been informed of the Applicant's intention to perform the improvements described in this application, and I hereby authorize the tenant to apply for the proposed improvements.	
<u>II.</u>	APPLICANT CERTIFICATION
	nd submitting this application that he, she or they will be bound by e City of Cayce Façade Improvement Program guidelines available on
Applicant Signature	Date
Applicant Signature Name of corporation (if applicable)	Date
Name of corporation (if applicable)	Date LICATION SUBMISSION CHECKLIST
Name of corporation (if applicable) III. APPL With this grant application, I have attache	LICATION SUBMISSION CHECKLIST ed the following:
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tgray@caycesc.gov | City of Cayce, 1800 12th Street, Cayce, SC 29033