

City of Ringgold | Façade Grant Application

Name of Business: _____

Address of business where facade improvement is to take place:

Street Number: Street Name:

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Applicant Information

Last Name:

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First Name:

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Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number:

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Check all that apply:

- 1) Have you participated in the Facade Grant Program before? ☐ If so what year? : _____
- 2) Do you own this property? ☐
- 3) Do you rent or lease your place of business from the property owner? ☐
- (Written authorization from the property owner must be obtained;)***

Property Owner Information (if different from applicant)

Last Name:

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First Name:

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Telephone Number:

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Property Owner

Signature of Approval: _____ Date: _____

Office Use Only

pic1

pic2

Agreement: _____ Date: _____

Description of Project

Project is scheduled to begin on_____ and be completed by_____

Please write a short description of your proposed facade project:
(Please attach additional paper if more space is needed)

Section 4: Estimated Cost Summary

Summarize the cost of your proposed facade project and indicate the amount of reimbursement you are requesting below:

Materials 1:	\$	Reimbursement Requested: (50% of project total up to \$3000)
Materials 2:	\$	
Materials 3:	\$	
Labor:	\$	
Delivery:	\$	
Design:	\$	
TOTAL:	\$	

****After completing this section, attach copies of any professional estimates, quotes or invoices for the project.***

Signature of Applicant:_____ Date:_____

Completed applications are to be returned to:

City of Ringgold, Facade Project
Attn: Main Street Manager
150 Tennessee St.
P.O. Box 579
Ringgold GA, 30736
OR email to:
mainstreetmanager@cityofringgoldga.gov