

City of Whiteville
Building Improvement Grant Program
Downtown Whiteville Central Business District
Application Form

(Please print or type)

Property Address _____

Current Use _____

Applicant Name _____

Applicant Address _____

Applicant Phone _____

Applicant Status Owner _____ Tenant _____

Description of Project _____
(Attach additional
sheet if needed) _____

Total Estimated Costs \$ _____
(Attach estimates)

Requested Grant Amount \$ _____

I hereby certify that, to the best of my knowledge, all information provided herein is accurate. I further certify that I understand the purpose and guidelines of the façade grant program as outlined in the application package. I understand funds received from this grant are to be used solely for the project described in this application. I have attached project plans and supporting documentation.

Signature of Applicant _____ Date _____

I hereby certify that I am the legal owner of the above referenced property, and that I give my consent for the above named applicant to utilize grant funding to make the proposed alterations to this property.

Signature of Property Owner _____ Date _____

Signature of City Manager _____ **Date** _____