



Business Façade Improvement Program Application  
Central Coast Regional District  
250-799-5271  
wbystedt@ccrd.ca

(If you have questions or would like help during this process, please reach out to economic development staff)

#### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the owners stating that you are allowed to make these changes to the building.

Owners' Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### PROJECT DESCRIPTION

Describe the proposed façade improvement project. Include information on work to be done, materials and how the work will improve this property or streetscape. Attach additional pages as necessary.

Planned Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

#### APPLICATION CHECKLIST

The following items are required for the application to be considered complete. Incomplete applications will not be considered:

- |   |   |
|---|---|
| <input type="radio"/> Building owner authorization if necessary       | <input type="radio"/> Photos of existing conditions |
| <input type="radio"/> Drawings/design in enough detail to assess plan | <input type="radio"/> Signed Application Form       |

## PROJECT BUDGET

Project cost components:

- Include costs of entire project including non-funded aspects and any aspect of the project which is funded by another agency/organization.

Component	Cost	Amount Requested
Total Estimated Costs:	\$	\$

## TERMS AND CONDITIONS

- ☐ I assume all responsibility for the hiring of any contractors as necessary.
- ☐ I will allow the Central Coast Regional District and NDIT to use before and/or after pictures of the project and testimonials for the purpose of promoting this program in the future.
- ☐ I agree not to involve the Central Coast Regional District or the Business Facade Improvement Project in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the business façade improvement project.
- ☐ I give my consent to the District staff to make all inspections necessary to confirm that the approved plan in this application is implemented in accordance with expected standards.
- ☐ Payment of approved grants will be made upon the applicant providing District staff with proof of final completion of the proposed improvements along with verification of expenditures, after photos and program testimonial.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_

## DISTRICT OFFICE ONLY

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved: \_\_\_\_\_ Amount: \_\_\_\_\_