FARMERS BRANCH COMMERCIAL FAÇADE REVITALIZATION PROGRAM APPLICATION

Please return completed with necessary attachments and signatures to the City of Farmers Branch Economic Development Office, 13000 William Dodson Parkway, no later than 5 pm Thursday, prior to the first Friday of each month. If you have any application questions please contact the Economic Development Director at 972.919.2512. If you have any building or sign permit/historic preservation questions please contact Community Services at 972.919.2549.

Applicant Name:	Jarros Blake	D	ate: 4-2-15	2
Development Norman	RH Properties			
Mailing Address:	11111 Santa M	nica Blod.	Suite 600 Los llge	es, Caf
Contact Phone:	310-850-6381 B	nail Äddress:		
SP Car				
Physical Building A	lifferent from applicant): ddress:/3G/0	Midnay.	RJ.	
Type of Work: (chec			- 14 14 17 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Awning/	Canopy	
			air	
Maconimy Cleaning	Paint Removal	Öther		
Details of Planned l	Improvements: 1/6	1 Shuo;	Molding	
List Contractor/Pro	oject architect Proposals and	l Total Amounts (plea	ese attach original proposals):	
Sano d B	Take Englishering			
Bedrock	Engineering			
ምስጥብ ራዕድም ስር ይጀ	ROPOSED BUILDING PROJECT	130000		
AMOUNT OF FUND	S REQUESTED (\$50,000 FAC	ADE MAX): \$ * 50	040	
Attach with all re	quired color samples of paint, a	wning/canopy, sign de façade, roof, and found	sign, etc. as well any photograph lation	s of
Dack	Duniang a executor	4-2-1	14 E	
Applicant's Signati	are	Date		
Approved	RejectedB	y Da	tė	-

FARMERS BRANCH COMMERCIAL FAÇADE REVITALIZATION PROGRAM APPLICATION AGREEMENT FORM

Please return completed with necessary attachments and signatures to the City of Farmers Branch Economic Development Office, 13000 William Dodson Parkway, no later than 5 pm Thursday, prior to the first Friday of each month. If you have any application questions please contact the Economic Development Director at 972.919.2512.

I have met with the City of Farmers Branch, and I fully understand the Commercial Revitalization Program Procedures and Details established by the City of Farmers Branch, I intend to use this grant program for the aforementioned renovation projects to forward the efforts of the Branch Crossing revitalization program. I have not received insurance monies for this revitalization project.

Thave read the Commercial Revitalization Program Application Procedures including the Program Details,

I understand that if I am awarded funds by the City of Farmers Branch, any deviation from the approved project may result in the partial or total withdrawal of the awarded funds. If the façade is altered for any reason within ______year(s) from construction, I may be required to reimburse the City of Farmers Branch immediately for the full amount of the funds awarded.

Building Owner's Signature: Date: 4-6-15	Building Owner's Signature: Date: 4-6-15	Applicant's Signature: Thise	Date: 4-2-15
Building Owner's Signature: Date:	Building Owner's Signature: Date:	Applicantes Signature: 3 -072 C	
		Building Owner's Signature:	Date: 9 - 6 - 13
(if different from applicant)	(i) different from applicants	(if different from applicant)	