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:	Jarrod Blake	<u> </u>	Date: 4-2-15	
Business Name:	BH Propert	lies		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mailing Address:	11111 Santa	Monita B	Wed Suite 600 Los	Arreles CH
Contact Phone:	310-850-638	Email Addı	ess:	
Building Owner <i>(if di</i>	fferent from applican	t):		
Physical Building Ad	dress: <i>137:</i>	20-200	Milway Rd.	
Type of Work: (check	all that apply)		••	
Paint	Stonework		Awning/Canopy	
Uncovering/replacin	g windows		_Roof Repair	· · · · · · · · · · · · · · · · · · ·
Masonry Cleaning/ P			Other	
Details of Planned In (attach additional pap	iprovements: er if necessary)	Add Stuc	co i molding	
Sarra J B h Be Sock	Engineering	ĸ		
TOTAL COST OF PRO	POSED BUILDING P	ROJECT: \$	8,000	
AMOUNT OF FUNDS I	REQUESTED (\$50,0	00 FAÇADE MAX)	\$ 3H,000	
Attach with all requ	ired color samples of building's e	paint, awning/can exterior façade, roo	opy, sign design, etc. as well any phot f, and foundation.	ographs of
	36/			
Applicant's Signature	3	Date	rich de la propio anno anterna necessaria de la compositio de la compositio de la compositio de la compositio de	
A Control of the Cont	Masaisia s	77	952	
Approved	velected	By	Date	

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.

Thave 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.

Business/Organization Name: BH	Properties
Applicant's Signature: <u> </u>	Date: 4-2-15
Building Owner's Signature: =	Date: 4-6-15
City of Farmers Branch Approval:	Date: