

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 Date: June 4, 2014
Business Name: BH Properties
Mailing Address: 11111 Santa Monica Blvd #600 Los Angeles
Contact Phone: 310-850-6381 Email Address: jarrod.blake@gmail.com
Building Owner (if different from applicant): _____
Physical Building Address: 13720 Midway Suites 100-110 (see site plan)
Type of Work: (check all that apply)
Paint Stucco \$60,000 Stonework \$50,000 Awning/Canopy/Façade 60,000
Uncovering/replacing windows _____ Roof Repair _____
Masonry Cleaning/ Paint Removal _____ Other _____
Details of Planned Improvements:
(attach additional paper if necessary) See Plans/Renderings - SAME AS 13604M, Midway

List Contractor/Project architect Proposals and Total Amounts (please attach original proposals):

~~\$100,000~~ 610 - \$170,000

TOTAL COST OF PROPOSED BUILDING PROJECT: \$ ~~\$60,000~~ \$170,000

AMOUNT OF FUNDS REQUESTED (\$50,000 FAÇADE MAX): \$ 50,000

Attach with all required color samples of paint, awning/canopy, sign design, etc. as well any photographs of building's exterior façade, roof, and foundation.

Applicant's Signature _____

Date _____

Approved _____ Rejected _____ By _____ Date _____

FARMERS BRANCH COMMERCIAL FAÇADE REVITALIZATION PROGRAM APPLICATION AGREEMENT FORM

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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.

I have 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: [Signature] Date: June 4, 2014

8? Building Owner's Signature: [Signature] Date: _____
(if different from applicant)

City of Farmers Branch Approval: _____ Date: _____