

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: Dr. David Landers (Python Properties LLC) **Date:** 08/06/2015

Business Name: Valley View Pet Health Center

Mailing Address: 2561 Valley View Lane, Farmers Branch TX

Contact Phone: 972-247-2242 **Email Address:** Heidi@vvpbc.com

Building Owner (if different from applicant): _____

Physical Building Address: 2561 Valley View Lane, Farmers Branch TX

Type of Work: *(check all that apply)*

Paint _____ **Stonework** X **Awning/Canopy** X

Uncovering/replacing windows _____ **Roof Repair** _____

Masonry Cleaning/ Paint Removal X **Other** X (Monument)

Details of Planned Improvements: Installation of stone wainscoting below windows, front elevation and *(attach additional paper if necessary)* right elevation to fence, installation of stucco above wainscoting front elevation and right elevation to fence. Installation of new reverse lit channel letter sign, front elevation. Remove existing damaged monument and replace with new monument and sign (see rendering) and install 2' plant border around monument with stone border along asphalt edge (landscaping not included). Paint existing beige metal awning/roof structure to reflect proposed rendering.

List Contractor/Project architect Proposals and Total Amounts (please attach original proposals):
True North Sign Solutions (Designer, manufacturer, and project manager)

TOTAL COST OF PROPOSED BUILDING PROJECT: \$ 33496.95

AMOUNT OF FUNDS REQUESTED (\$50,000 FAÇADE MAX): \$ 16748.47

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

08/06/2015

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: Valley View Pet Health Center

Applicant's Signature:  _____ **Date:** 08/06/2015

Building Owner's Signature: _____ **Date:** 08/06/2015
(if different from applicant)

City of Farmers Branch Approval: _____ **Date:** _____