

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 972.919.2507. If you have any building or sign permit/historic preservation questions please contact Community Services at 972.919.2549.

Applicant Name: Jonathan Creel Date: 02.28.2018

Business Name: Kennington Commercial

Mailing Address: 4514 Travis Street STE 312, Dallas, TX 75219

Contact Phone: _____ Email Address: _____

Building Owner (if different from applicant): _____

Physical Building Address: 4300 Alpha Rd. Building 1

Type of Work: (check all that apply)

Paint X Stonework X Awning/Canopy X

Uncovering/replacing windows X Roof Repair _____

Masonry Cleaning/ Paint Removal X Other _____

Details of Planned Improvements:

(attach additional paper if necessary)

Complete facade remodel of an existing building including stone removal, paint, storefront replacement, grading improvements to ensure accessibility, and landscaping

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

TOTAL COST OF PROPOSED BUILDING PROJECT: \$ 250,000

AMOUNT OF FUNDS REQUESTED (UP TO \$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.

C. Creel
Applicant's Signature

3.2.18
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 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: Kennington Alpha Center LLC the Kennington Commercial
Applicant's Signature:  Date: 3.2.18
Building Owner's Signature: _____ Date: _____
(if different from applicant)
City of Farmers Branch Approval: _____ Date: _____

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Applicant Name: Jonathan Creel Date: 02.28.2018

Business Name: Kennington Commercial

Mailing Address: 4514 Travis Street STE 312, Dallas, TX 75219

Contact Phone: _____ Email Address: _____

Building Owner (if different from applicant): _____

Physical Building Address: 4300 Alpha Rd. Building 2

Type of Work: (check all that apply)

Paint x Stonework x Awning/Canopy x

Uncovering/replacing windows x Roof Repair _____

Masonry Cleaning/ Paint Removal x Other _____

Details of Planned Improvements:

(attach additional paper if necessary)

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Business/Organization Name: Kennington Alpha Center LLC d/b/a Kennington Commercial

Applicant's Signature:  Date: 3.2.18

Building Owner's Signature: _____ Date: _____
(if different from applicant)

City of Farmers Branch Approval: _____ Date: _____

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Applicant Name: Jonathan Creel Date: 02.28.2018

Business Name: Kennington Commercial

Mailing Address: 4514 Travis Street STE 312, Dallas, TX 75219

Contact Phone: _____ Email Address: _____

Building Owner (if different from applicant): _____

Physical Building Address: 4350 Alpha Rd.

Type of Work: (check all that apply)

Paint ☒ Stonework ☒ Awning/Canopy ☒

Uncovering/replacing windows ☒ Roof Repair _____

Masonry Cleaning/ Paint Removal ☒ Other _____

Details of Planned Improvements:

(attach additional paper if necessary)

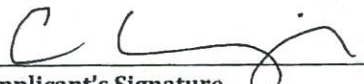
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Applicant's Signature: [Signature] Date: 3-2-18
Building Owner's Signature: _____ Date: _____
(if different from applicant)
City of Farmers Branch Approval: _____ Date: _____