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.

Date: 02.28.2018

Applicant Name: Jonathan Creel

Busin	ess Name: _	Kennir	ngton Co	ommerci	al					
Mailir	ng Address:	4514	Travis	Street	STE 3	12, Dalla	as, TX	75219		
Conta	ct Phone:			En	nail Addr	ess.				
Buildi Physic	ing Owner (i	f different Address:	from applic	ant): alpha Ro	d. Bui	lding 1				
Туре	of Work: (ch	eck all tha	t apply)							
Paint	х		_Stonewor	'k	х	_Awning/Car	юру	х		
Uncov	ering/repla	cing wind	dows	x		_Roof Repair				
Mason	ıry Cleaning	/ Paint R	emoval	х		_Other				
(attac	s of Planned h additional p	paper if ne	cessary)							
paint,		cont re				building improvem				noval, ssibility,
List Co	ontractor/P	roject arc	hitect Prop	osals and	Total Am	ounts (please	attach origi	nal proposa	als):	
	L COST OF P						-			
AMOU	INT OF FUNI)S REQUE	STED (UP	го \$50,000) FAÇADE	MAX): \$			-	
Atto	ach with all re	equired coi				ppy, sign design , and foundatio		any photog	graphs of	
				_	3.2	18		_		
Applic	cant's Signat	ure			Date					
Appro	ved	Reject	ed	Ву		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 reason within year(s) from construction, I may be required immediately for the full amount of the funds awarded.	to reimburse the City of Farmers Branc	
immediately for the full amount of the funds awarded. Business/Organization Name: Cennington Alpha Applicant's Signature:	Center LLC the Ken Date: 3.2.18	nington Commercia
Building Owner's Signature:(if different from applicant)	_ Date:	
City of Farmers Branch Approval:	_ Date:	•:

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	Applicant Name: _	Jonathan Creel		Date:02	.28.2018		
	Business Name:	Kennington Comme	rcial				
Mailing Address: 4514 Travis Street STE 312, Dallas, TX 75219							
Contact Phone: Email Address:							
	Building Owner (i)	f different from applicant): _ Address: _4300 Alpha					
	Physical Building	Address: 4300 Alpha	ı Rd. Bu	ilding 2			
	Type of Work: (che	eck all that apply)					
		Stonework					
	Uncovering/repla	cing windows	х	Roof Repair			
	Masonry Cleaning	/ Paint Removal	x	Other			
	Details of Planned (attach additional p						
ра	int, storefr d landscapin	de remodel of an cont replacement, ag coject architect Proposals	grading	g improvements	to ensure acce		
		ROPOSED BUILDING PROJ			0		
	AMOUNT OF FUND	OS REQUESTED (UP TO \$50),000 FAÇAD	DE MAX): \$			
		equired color samples of pain building's exter	ior facade, ro	of, and foundation.		•	
	('_ (ure ,	3.	2.18			
	Applicant's Signat	ure	Date		***************************************		
	Approved	Rejected	_ By	Date			

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immediately for the full amount of the funds awarded.	ed to reimburse the City of Farmers Branch
Business/Organization Name: Kennington Alpha	
Applicant's Signature:	Date:
Building Owner's Signature:(if different from applicant)	Date:
City of Farmers Branch Approval:	Date:

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		Jonathan Creel		Date:	02.28.2018	
	Business Name: _	Kennington Comm	nercial			
	Mailing Address:	4514 Travis St	reet STE 3	12, Dallas,		
	Contact Phone:		Email Addr	ess:_		- ratilicom
		f different from applicant)				
	Physical Building	Address: 4350 Alp	ha Rd.			
	Type of Work: (ch	eck all that apply)				
		Stonework		50.00		
	Uncovering/repla	cing windows		Roof Repair		_
	Masonry Cleaning	/ Paint Removal	x	Other		_
	Details of Planned (attach additional p					
ра	int, storefr d landscapin	de remodel of ar cont replacement ng roject architect Proposa	, grading	improvement	s to ensure a	
	TOTAL COST OF P	ROPOSED BUILDING PR	OJECT: \$250	,000		
	AMOUNT OF FUND	OS REQUESTED (UP TO \$	50,000 FAÇADE	MAX): \$50,	000	
		equired color samples of po		py, sign design, etc.		hs of
			3, 2	. 18		
	Applicant's Signat	ure	Date			
	Approved	Rejected	By	Date		_

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reason within year(s) from construction, I may be require immediately for the full amount of the funds awarded.	d to reimburse the City of Farme	rs Branch
Business/Organization Name: Kennington Alpha	Center LLC dha	Kennington
Applicant's Signature:	Date: 3.2.18	Commercial
Building Owner's Signature:(if different from applicant)	Date:	
City of Farmers Branch Approval:	Date:	