

**Business Impact** 

Please outline how the City's grant will help you sustain/ improve your business.

## Community Enhancement Partnership Program RREY Facade Enhancement Grant Application the future lives here. Application Form - Temporary Patios

internai Use Only		
Date Received:		
Project Number:		

Applicant Information			
Business Name:			
Applicant Name:		Phone:	
Address:			
Postal Code:		Email Address:	
Applicant Description Who is involved in this project? Please check one	I am the property own	ner Id operate the business	I am a business tenant
Permit #:			
Project Information			
Project Location			
Include address & map of location			1
for temporary patio			1
10. 10			I
Project Impact			
Community Benefit			
How will this temporary			
installation benefit your			
community and/or neighbours?			

General Work Plan  A general work plan will help clarify the details of your proposed project. Outline the general work that will be undertaken to complete the project. Estimate time required to complete the project. ** for structural changes, please provide professional engineering and architectural drawings. Minor changes such as painting and cleaning simply require a description and colour name.				
Proposed Construction Start Date	:: mm/dd/yyyy			
Proposed Completion Date:	mm/dd/yyyy			
General Budget  A project budget will help clarify the anticipated cost of your proposed project. This will help the City assess your application.  Estimate the costs and out-of-pocket expenses of your project.				
ITEM	DESCRIPTION / DETAILS	PRICE/COST	SUBTOTAL	
	тоти	AL PROJECT COST	\$	
Please outline your financial, labour and material contributions to this project				
	What grant amount you are requ	unsting?		

(maximum \$3,000)

## **Applicant Declaration**

I declare that I am the applicant, property owner or business owner (with permission from the property owner) to rennovate the property façade. I confirm that any funds received as a result of this application will be used only for the purposes set forth herein. I understand that the submission of an application does not constitute a guarantee for funding under the grant program. I certify that all information is true and accurate to the best of my knowledge and if approved, work will be completed in accordance with terms and conditions of the agreement entered into with the City.

Signature:	Date: mm/dd/yyyy
Name (print):	Phone:
Authorization of Property Owner- (complete only	y if applicant is not the registered property owner)
I/We,	the owner of the subject property hereby
authorize	to act on my behalf for this application
Signature:	Date:mm/dd/yyyy
Return the complete Application to: neighbourhoodteam@surrey.ca or Facade Enhancement Program 13450 104 Avenue Surrey, BC V3T 1V8	
Application Check List:	
<ul> <li>□ Completed application form</li> <li>□ Photos of the property (photos should shou</li></ul>	w the whole facade, its context and details)