

**CITY OF WAYNE
FACADE IMPROVEMENT PROGRAM
GRANT AGREEMENT**

Name of Applicant: _____

Address of Applicant: _____
(home) (business)

(phone) _____ (phone) _____

Name and address of property owner
(if different from applicant):

Name and address of
property insurance company:

(phone) _____ (phone) _____

Proposed use of funds (give cost breakdown of improvements):
Use back of application or attach additional sheet(s), if necessary.

Amount of grant requested: _____

Name and address of architect:

Name and address of contractor:

(phone) _____

(phone) _____

Approximate start date: _____ Approximate completion date: _____

Date

Signature of Applicant

=====

Application No. _____
Date applied _____
Reviewed by _____
Date _____
Accepted _____ Rejected _____

City of Wayne
3355 South Wayne Road
Wayne, Michigan 48184
722-2000