

City of Barnesville Downtown Historic District
Façade Grant Program Application

Applicant Name _____ Date _____

Property Owner (if different) _____ Building Address _____

Mailing Address _____

Business Name _____

Phone _____ Cell _____

Part One

Summary of Work to be Completed	New or Restored Feature	Replace, Repair or Refinish Existing	Remove
Façade Materials			
Window(s)			
Entrance Door(s)			
Awning, Canopy or Bulkhead			
Bulkhead			
Cornice			
Business Sign or Lettering			
Color Schemes/Finishes			
Other			

Part Two

Plan of Work attached _____ yes _____ no

Cost Estimates	Labor	Materials	Total
		Total	

- Attach copy of contractor's estimate and/or complete above

Grant Funds applied for \$ _____

Other Notes/Comments _____

I have reviewed the City of Barnesville Façade Grant Program description and guidelines and agree to its terms and conditions for a successful project and grant.

Applicant Signature _____ Date _____

Property Owner (if different) _____ Date _____

HPC Review & Approval Notes _____