



*Main Street
City of Toccoa
92 N. Alexander St.
Toccoa, GA 30577
Phone 706.282.3269*

Date: _____

1. Applicant: _____ **Owner:** **Tenant:**

Building Address _____

Email Address: _____

Business Phone: _____ **Business Fax:** _____

2. Building or Establishment for which this application applies:

(Name and Address)

3. Name and Address of Owner of Building (if other than Applicant):

4. Space is provided below for a general description of your project:

If building is not occupied, what is its proposed use _____

Estimated cost of Improvements: \$ _____

Grant Amount Requested: \$ _____

Note: Payment Contingent upon Vendor Receipts Submission

APPLICATION FORM *(Continued)*

Owner, if other than Applicant:

I _____ hereby certify that I am the owner of this land on which the proposed Project is situated, and that the foregoing applicant, in filing an application for the Toccoa Façade Grant Program, is acting with my knowledge and consent.

I, the undersigned, understand that the façade grant must be used for the project described in this application. I have read the requirement guidelines, agree to follow them and will adhere to the decision of the Downtown Development Authority. Applicant is expected to maintain the project improvements for a period of at least three years.

Signature of Applicant: _____ **Date:** _____

Signature of Owner: _____ **Date:** _____



For office use: Amount Approved: \$ _____

Date Approved: _____ **Required Completion Date:** _____

Major or Minor Improvements Project: _____

DDA Review of Project Completion Date: _____