

**2022 Business Façade Improvement Program**

**Regional District of Bulkley-Nechako**

**Project Application**

**Applicant Information**

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Building Address: \_\_\_\_\_

(If different than above)

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the building owner stating that you are permitted to make these changes.

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Description**

Describe the proposed project – Please attach any extra sheets, photos, designs, samples, etc. Describe the work to be done and materials to be used.

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Planned Start Date: \_\_\_\_\_

Planned Completion Date: \_\_\_\_\_

Total Project Cost (estimated): \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

**Applicant Checklist**

Property taxes paid

Utility account paid (if applicable)

Building owner authorization

**Attach to Application**

Photos of existing conditions (before)

Cost estimates

Drawings/designs (if applicable)

Signed Terms and Conditions

Business Façade Improvement Program

Terms and Conditions

I, \_\_\_\_\_ of \_\_\_\_\_  
(Applicant) (Business / Building)

have read the complete application and concur with and give my consent to the work proposed in the application.

I assume all responsibility for obtaining appropriate architectural drawings, building permits and inspections, and hiring of contractors as necessary.

I will allow the Regional District of Bulkley-Nechako and Northern Development Initiative Trust to use before and after pictures of the project and testimonials for the purpose of promoting this program in the future.

I agree not to involve the Regional District of Bulkley-Nechako or Northern Development Initiative Trust in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the façade improvement project.

I give my consent to the Regional District of Bulkley-Nechako to make all inspections necessary to confirm that the approved plans are implemented in accordance with the expected standards.

Payment of approved grants will be made upon the applicant providing the Regional District of Bulkley-Nechako with proof of final completion of proposed improvements along with verification of expenditures and proof of final inspections (when required).

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE

Application Received by:

Date:

## Business Façade Improvement Program

## Expense Reporting Form

Applicant Name	
Business Name	

[illegible]

I certify that all of the services listed above are complete, and that all invoices have been paid in full.

Applicant Name

Applicant Signature

Date: \_\_\_\_\_