

2026 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.

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)
- ___ Contractor's cost estimates
- ___ Drawings/designs
- ___ 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 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 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	

Item	Description	Cost (excluding PST/GST)	Invoice/Receipt Attached?
TOTAL COST			
TOTAL ELIGIBLE GRANT (RDBN USE ONLY)			

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: _____