

**FAÇADE  
PROGRAM  
APPLICATION**

Date \_\_\_\_\_

**IF APPLICANT IS PROPERTY OWNER**

Owner's Name \_\_\_\_\_

Corporate Name \_\_\_\_\_

Property Address \_\_\_\_\_  
(Project Location)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_  
(if different from Owner)

E-Mail \_\_\_\_\_

**IF APPLICANT IS BUSINESS OWNER**

Owner's Name \_\_\_\_\_

Corporate Name \_\_\_\_\_

Property Address \_\_\_\_\_  
(Project Location)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_  
(if different from Owner)

Email \_\_\_\_\_

**PROJECT AND FINANCIAL ASSISTANCE REQUESTED**

Describe the Proposed Improvement(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Project Cost \_\_\_\_\_

Total Funding Request \_\_\_\_\_

Will Additional Jobs be Created Upon Completion of Project? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, How Many? \_\_\_\_\_

I, \_\_\_\_\_, attest that the information contained herein is correct to the best of my knowledge. I further understand that the Façade Program benefits are contingent upon funding availability and CRA approval and are not to be construed as an entitlement or right of a property owner or applicant. Properties in the designated Enterprise Zone or CRA areas are not eligible for City/CRA funded programs when such funding conflicts with the goals expressed in the CRA Strategic Finance Plan or Community Redevelopment Plan. I further understand that I am responsible for providing construction documents and/or permits required for any work.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Note: If Applicant is leasing from property owner, Applicant must submit Addendum A with application.  
Addendum A

# Addendum A

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

To: City of Fort Lauderdale  
Community Redevelopment Agency

From: \_\_\_\_\_  
(Property Owner)

Subject: Permission for Façade Program Improvements

As the owner of \_\_\_\_\_, I give my tenant,  
\_\_\_\_\_, permission to participate in the CRA/City of Fort  
Lauderdale's Façade Program, as detailed in the Façade Program Application.

\_\_\_\_\_  
Property Owner's Name Printed

\_\_\_\_\_  
Property Owner's Signature

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_\_\_, by \_\_\_\_\_. He/She is personally known to me or  
has produced \_\_\_\_\_ as identification and did not (did)  
take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public, State of Florida, (Signature of  
Notary taking acknowledgement)

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

My Commission Expires:

\_\_\_\_\_  
Commission Number