

Facade Improvement Fund APPLICATION

Building Address	
Business Name (if vacant, put "vacant")	
Applicant Name	
Email Address	
Phone Number	
Funding Amount Request	\$

Please check the box for the facade repair or improvement that best describes your project (check all that apply):

<input type="checkbox"/> Facade painting	<input type="checkbox"/> Facade repairs & upgrades
<input type="checkbox"/> Lighting Improvements	<input type="checkbox"/> Broken door lock replacement
<input type="checkbox"/> Cafe Seating	<input type="checkbox"/> Window replacement
<input type="checkbox"/> Planters	<input type="checkbox"/> Professional cleaning
<input type="checkbox"/> Other _____	

Have you notified your property manager/owner of this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your project require a City of Seattle Permit or Pioneer Square Preservation Board Certificate of Approval?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Did you file a claim under your insurance company for this project?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

The following items are attached or have been submitted as part of this application:

- ☐ Receipts
- ☐ W-9 Form
- ☐ Before and After photos
- ☐ Property Owner Authorization Form (if applicable)
- ☐ Certificate of Approval and/or City Permits (if applicable)\*
- ☐ Proof of insurance including file number and deductible amount (if applicable)\*

I certify that everything included in this application is true and complete.

Signature of Applicant