

# WAYLAND DOWNTON FAÇADE IMPROVEMENT PROGRAM

## APPLICATION

### APPLICANT INFORMATION

NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROJECT INFORMATION

TYPE OF PROJECT: \_\_\_\_\_ Paint Only \_\_\_\_\_ Restoration/Renovation  
\_\_\_\_\_ Architect's Fees

BUILDING LOCATION: \_\_\_\_\_  
BUSINESSES LOCATED IN BUILDING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT IS (CHECK APPROPRIATE): \_\_\_\_\_ Property Owner \_\_\_\_\_ Tenant  
\_\_\_\_\_ Other: \_\_\_\_\_

If you are the tenant, when does your lease expire? \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

**NOTE:** *If you are not the property owner, owner must co-sign this application where indicated below and provide a letter of permission (sample attached).*

Include copies of the following information:  
\_\_\_\_ Proof of ownership (deed, land contract, etc.)  
\_\_\_\_ Copy of lease (tenant applicant only)  
\_\_\_\_ Tax I.D. number

**Restoration/Rehabilitation Project.** Provide detailed description of the scope of work related to the proposed improvements, including drawings. Use additional sheets as necessary.

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\_\_\_\_\_  
\_\_\_\_\_  
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Total Planned Project Cost \$ \_\_\_\_\_

Estimated Completion Time \_\_\_\_\_

Do you wish to be considered by an Architect's Services grant? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, do you have an architect selected? \_\_\_\_\_

**Paint Only Project.** Provide a drawing, sketch, or photograph indicating the areas of the building to be painted, including trim details, and paint color samples.

**APPLICANT SIGNATURE**

I understand that my submission of an application does not constitute a guarantee for funding under the Wayland Downtown Façade Improvement Program. I certify that all information is true and accurate to the best of my knowledge and, if approved, work will be completed.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Owner (if other than applicant) \_\_\_\_\_ Date

**Send completed application to Wayland City Hall, Attn. City Manager  
103 South Main Street, Wayland, MI 49348**

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**OFFICE USE ONLY**

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Application received \_\_\_\_\_  
Application submitted to Façade Review Committee \_\_\_\_\_  
Façade Review Committee Action \_\_\_\_\_ Approved \_\_\_\_\_ Rejected  
DDA Approval \_\_\_\_\_

Completed Project Inspection \_\_\_\_\_ Date: \_\_\_\_\_  
Grant Amount Dispersed \$ \_\_\_\_\_ Approval \_\_\_\_\_ Date: \_\_\_\_\_

**WAYLAND FAÇADE IMPROVEMENT PROGRAM  
APPLICATION CHECKLIST**

\_\_\_\_\_ Applicant Information

\_\_\_\_\_ Project Information

\_\_\_\_\_ Project Description

\_\_\_\_\_ Signed Application

\_\_\_\_\_ Required Documentation

Proof of ownership

Copy of lease (tenant applicant)

Owner permission to apply (tenant application) – signature on application & letter of permission

Tax Property Identification Number

Photograph of project property (original photograph also if available)

Proof of property and liability insurance