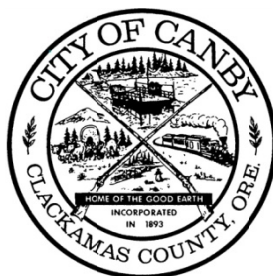




Canby Façade Improvement Program
PRE-DESIGN SERVICES GRANT APPLICATION FORM
A Project of City of Canby Urban Renewal Agency

*Please refer the Canby Façade Improvement Program Manual for
specific questions relating to this grant program.*

The Canby Urban Renewal Agency reserves the right to deny
funding to any project or project component it deems to be
incompatible with the façade improvement goals.





Design Services Grant Application

Pre-Design Services Grant

PLEASE NOTE:

Applying for the Downtown Canby Façade Improvement Program does not obligate the Canby Urban Renewal Agency to allocate funds for the specified project. Only after review and approval of the application will the Agency authorize funds for the specified project and only after completion of the project pursuant to the Downtown Canby Façade Improvement Program will the Agency be obligated to provide the authorized grant.

Date: _____

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

If someone other than the property owner will be the contact person for this project, please list here.

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

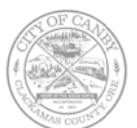
PROPERTY INFORMATION

Property Address: _____

Name(s) of owners: _____

Land Use (Zoning) Designation: _____

Tax Lot Number: _____





Design Services Grant Application

PROJECT VISION/IDEAS:

Please describe desired façade improvements (i.e. paint, awnings, cornice repair, new signage, windows, etc.) Include any visuals that may assist in describing desired outcomes. Attach additional pages if needed.

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- ☐ Pictures of property – several views are preferable – 4"x6" minimum

CERTIFICATION

I certify to the City of Canby Urban Renewal Agency that ALL of the information contained in this application is true and correct to the best of my knowledge. I acknowledge that the funding source of the Façade Grant program is the City of Canby's Urban Renewal Agency and I understand that I must comply with all the regulations of the Urban Renewal Agency and the City of Canby.

Applicant's Signature

Print Name

Date

MAIL OR DELIVER COMPLETED APPLICATION AND REQUESTED DOCUMENTATION TO:

Ami Keiffer
City of Canby Main Street Manager
111 NW 2nd Avenue
PO Box 930
Canby, OR 97013

