

TOWN OF CARY	
DOWNTOWN FAÇADE IMPROVEMENT PROGRAM	
Application For Assistance	
Date:	
Name(s) of Owner/Business Operator:	
Owner(s)/Business Operator(s) Address:	
Owner(s)/Business Operator(s) Email Address:	
Owner(s)/Business Operator(s) Phone Number(s):	
Note: Business Operators with at least two (2) years remaining on their lease or an option to renew their lease must have the property owner of record sign the permission form below authorizing and approving such façade improvements.	
Property Address:	
Existing Use of Property:	
Use of Property After Improvements:	
Property Legal Description:	
Contractor's Name:	
Contractor's Address:	
Contractor's Phone Number(s):	
Contractor's Email:	
General Description of Improvements, include types of materials and colors (attach photo or architectural drawing):	
Approved by (date):	
Estimated Cost of Façade Improvement (Total): Design/Architect: Construction: Contingency (10%):	
(Attach final bid documents when available)	
Attach Planning Department Letter of Commitment noting project approval and funding availability and other necessary applications, forms, and building permits.	
Estimated Start Date:	Estimated Completion Date:

I certify that I, the trustee and/or owner of record of the property at _____ give the above signed applicant authority to implement the above described improvements as may be allowed under the Town of Cary's Façade Improvement Program.

Property Owner's Name

Property Owner's Signature (Date)
