

CITY OF WAYLAND  
DOWNTOWN DEVELOPMENT AUTHORITY  
FAÇADE IMPROVEMENT PROGRAM **APPLICATION**

**APPLICANT INFORMATION**

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

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PROJECT INFORMATION**

Type of Project:       Paint Only                       Rehabilitation

Businesses Located in Building:  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is: Prop  y Owner              Tena               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

**Rehabilitation Project:** Provide detailed description of the scope of work related to the proposed improvements, including drawings, renderings, and quotes from qualified builder/ contractor/ architect. Please submit a minimum of two quotes. Use additional sheets as necessary.

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

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

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

Did you receive Design Services through Wayland Main Street? Yes  No

**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

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

\_\_\_\_\_  
Date

**Send completed application to:**

**Wayland Main Street/DDA, Attn: Director  
103 S. Main, Wayland, MI 49348**

<b>OFFICE USE ONLY</b>				
Date received:	/	/		Received by:
Date reviewed by Design Committee:	/	/		
Design was:	Approved	Tabled	Denied	Actions requested:
Date reviewed by DDA Board:	/	/		
Grant was:	Approved	Tabled	Denied	Notes:
Letter of explanation issued:		Yes	No	
Grant amount approved:	\$			
Signature of DDA Chair: X				Date: / /

CITY OF WAYLAND  
DOWNTOWN DEVELOPMENT AUTHORITY  
FAÇADE IMPROVEMENT PROGRAM **CHECKLIST**

- Applicant Information
- Project Information
- Project Description
  - o Drawings/renderings of proposed work
  - o Bids/quotes from qualified builder/contractor/architect
- Signed Application
- Required Documentation
  - o Proof of ownership
  - o Copy of lease (tenant applicant)
  - o Owner permission to apply (tenant application) – *signature on application & letter of permission is required*
  - o Tax Property Identification Number
  - o Photograph of project property (current)
  - o Proof of property and liability insurance

SAMPLE LETTER OF PERMISSION

(Property owner must sign this letter)

Date:

City of Wayland DDA  
103 S. Main St.  
Wayland, MI 49348

RE: Façade Improvement Program Application for (Property Address)

ATTN: Holli McPherson, DDA Director

I hereby grant my permission to (Applicant Name) to make an application under the Wayland Façade Improvement Program. I certify that I have received a copy of the application for funding from the applicant and am fully aware of what is being proposed. I also certify that I am the legal owner of record and that I have the authority to grant this permission to (Applicant Name).

Sincerely,

(Signature)

*Type Name Here*