



102 S. Holden  
Warrensburg, MO 64093  
660-747-9135



## Downtown Facade Grant Program Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Applicant email: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address where work will be performed: \_\_\_\_\_

Age of building where work will be performed: \_\_\_\_\_

Status of Applicant: \_\_\_\_\_ Building Owner

\_\_\_\_\_ Tenant: Building owner's name: \_\_\_\_\_

Building owner's phone #: \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Type of Work Proposed: *please check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Masonry repair         | <input type="checkbox"/> Painting                    |
| <input type="checkbox"/> Tuck pointing          | <input type="checkbox"/> Cornice repair              |
| <input type="checkbox"/> Signage                | <input type="checkbox"/> Building front improvements |
| <input type="checkbox"/> Awnings                | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Window and door repair |  |

Total cost of proposed grant project: \$ \_\_\_\_\_

Amount of Grant funds being requested: \$ \_\_\_\_\_

Amount of Matching funds being committed: \$ \_\_\_\_\_

General Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Business License #: \_\_\_\_\_

Subcontractors	Name	Phone #	Warrensburg Business License	
Electrical:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Masonry:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Submit completed form and attachments to the City of Warrensburg, Community Development Department, 102 S. Holden St, Warrensburg, MO 64093 Phone: 660-747-9135*

**For Sign Projects Only**

Projecting Sign  Wall Sign  Awning Total number of existing signs \_\_\_\_\_

Existing Signs on property  No  Yes If Yes, what type of sign \_\_\_\_\_

Is this a Repair/Replacement of an existing sign on the site?  No  Yes

If yes, describe \_\_\_\_\_

Illuminated from an internal source  Illuminated by separate ground lighting

Non-illuminated  Blinking or Flashing Sign

Sign Dimensions: Height \_\_\_\_\_ Width \_\_\_\_\_ Area \_\_\_\_\_ Sq. ft

Wall Dimensions: Height \_\_\_\_\_ Width \_\_\_\_\_ Area \_\_\_\_\_ Sq. ft

*The cumulative size of all wall signs are allowed to be 30% of the size of the wall to which they are attached.*

**For awnings and projecting signs only**, distance between leading edge of sign or awning and curb line \_\_\_\_\_

**For All Applications**, please attach the following items to the completed application form.

1. Legal description of property where work will be performed.
2. Written description outlining the existing condition of the building and photographs of the building.
3. A detailed written scope of work of the proposed construction activities.
  - a. For sign or awning permits provide a description of the sign or awning including color, material, logo or graphics, how the sign or awning will be attached to the building wall including specifications on screws and/or bolts (diameter, size, length, location, etc.) and provide electrical detail for lighted signs.
  - b. For masonry repair, describe how the masonry will be cleaned and repaired.
  - c. For tuck pointing, provide the mortar recipe and ingredients and type and color of brick.
  - d. For painting, provide type of paint and color.
  - e. For window and door repair, provide description of existing and proposed windows and doors, method of repair and materials to be used.
  - f. For cornice repair, provide description and profile of existing cornices, and method of repair and materials to be used.
4. Detailed cost estimate of proposed work to be paid for by grant money and applicant match money. Applicant may use the attached budget worksheet.
5. 2 copies of any plans, drawings, or specifications being submitted.

I have read and understand the Rules and Process to receive the Downtown Facade Grant Program funds. I understand that failure to abide by the rules and process will result in denial of the funds. I understand the application may be forwarded to the City of Warrensburg Building Division for building permit review and issuance. I understand the project may be inspected by representatives of the City for compliance to the project as submitted with the application. I understand that should the project be found not in compliance with the original application and proposal as submitted and approved, I may be denied issuance of the grant funds. The undersigned applicant(s) affirms that the information submitted herein is true and accurate to the best of my knowledge. I have read and understand the conditions of the Downtown Facade Grant Program Rules and Process and agree to the conditions and guidelines.

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

Building Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Downtown Facade Grant Program Budget Worksheet

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address where work will be performed: \_\_\_\_\_

	Column A	Column B	Column C
	Amount Paid for by Grant Funds	Amount Paid for by Applicant Match Funds	Total Cost of Item (Column A + Column B)
<b>Cost of Materials</b>			
Awning			
Sign			
Paint			
Supplies			
Other (please detail)			
<b>Contractor Costs</b>			
Masonry Repair			
Tuck pointing			
Painting			
Electrical			
Carpentry			
Other (please detail)			
<b>Equipment Rental Fees</b>			
<b>Other Expenses (please detail)</b>			
<b>COLUMN TOTAL</b>			

Column A total cannot exceed \$1,000.  
 Column B total must equal or exceed Column A total.  
 Column C total should equal Column A total plus Column B total.

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