



TOWN OF CHRISTIANSBURG

100 East Main Street
Christiansburg, VA 24073

Phone: (540) 382-6120
Email: awarren@christiansburg.org

RECEIVED

Application for Façade Grant

Applicant Name: _____ Phone: _____

Email: _____

Site Address: _____

Property Owner Name &Address (if different): _____

Business Name(s): _____

Are you are applying for a building in the (please check):

Downtown Historic District

Cambria Historic District

Please provide details of all potential improvements to the front façade that may be accomplished if selected:

Are any other improvements to the building and/or site planned along with the proposed façade improvements?

Improvements could be, but not limited to, an upgrade to water, sewer, electrical service, etc..., interior remodeling, and/or landscaping/ hardscaping improvements to the site.

The undersigned applicant hereby applies for Façade Grant program as stated above and/or within supplemental attachments and certifies that he/she is duly authorized by the owner(s) to make such application.

Date

Applicant Signature