



City of South Milwaukee
Application for Bucyrus Façade Grant
Conceptual Design Phase

Application #
Date Received

SECTION 1: Applicant Information		
Applicant Name	Business Name:	
	Project Address:	
Applicant Mailing Address		City/State/Zip
Email Address		Phone #(s)
Total Number of Businesses within building:		
SECTION 2: Property Owner Information		
Name (Ind., Org or Entity)	Contact Person	Title
Mailing Address		City/State/Zip
Email Address		Phone #(s)
SECTION 3: Design Professional Information		
Name of Design Professional	Address of Design Professional	
Design Professional Daytime Phone #		
Name of Sign Company		Sign Company Phone #
<i>Refer to Façade Grant Application for required submittals</i>		
SECTION 4: Owner/Applicant Signature		
As the legal owner of the Façade Improvement Grant Program subject property, I hereby grant authorization and/or agree to participate in the Façade improvement Grant Program Conceptual Design Phase.		
Property Owner Print Name		Date
Property Owner Signature		

Submit application to: elang@smwi.org Subject labeled Façade Grant Application Or Provide to: City of South Milwaukee Attn: Economic Development 2424 15 th Avenue South Milwaukee, WI 53172	OFFICE USE ONLY