



# City of South Milwaukee Application for Bucyrus Façade Grant

Application #  
Date Received

## Conceptual Design Phase

### SECTION 1: Applicant Information

Applicant Name	Business Name:  Project Address:
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Applicant Mailing Address	City/State/Zip
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Email Address	Phone #(s)
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Total Number of Businesses within building:	
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### SECTION 2: Property Owner Information

Name (Ind., Org or Entity)	Contact Person	Title
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Mailing Address	City/State/Zip
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Email Address	Phone #(s)
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### SECTION 3: Design Professional Information

Name of Design Professional	Address of Design Professional
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Design Professional Daytime Phone #	
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Name of Sign Company	Sign Company Phone #
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*Refer to Façade Grant Application for required submittals*

### 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
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Property Owner Signature
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Submit application to: [elang@smwi.org](mailto:elang@smwi.org)  
Subject labeled Façade Grant Application

OFFICE USE ONLY

Or Provide to:  
City of South Milwaukee  
Attn: Economic Development  
2424 15<sup>th</sup> Avenue  
South Milwaukee, WI 53172