



## City of South Milwaukee Application for Bucyrus Façade Grant

Application #  
Date Received

### SECTION 1: Applicant Information

|                           |                     |
|---------------------------|---------------------|
| Business Owner Name       | Federal ID or EIN # |
| Applicant Mailing Address | City/State/Zip      |
| Email Address             | Phone #(s)          |

### SECTION 2: Property Owner Information

|                             |                |                |
|-----------------------------|----------------|----------------|
| Name (Ind., Org or Entity)  | Contact Person | Title          |
| Mailing Address (No PO Box) |                | City/State/Zip |
| Email Address(es)           |                | Phone #(s)     |

Name Representative of Owner & Title:

Owner Representative Email & Phone #

### SECTION 3: Project Information

|                                 |                                  |                    |
|---------------------------------|----------------------------------|--------------------|
| Project Address                 | Current or New Business Name/DBA |                    |
| Total Project Cost Estimate: \$ | Façade/Other: \$                 | Signage/Awning: \$ |

Describe and Name of other Businesses at Property including any commercial vacancies:  
If the first-floor space is vacant, attach a signed lease.

Describe the proposed façade improvements:

Describe new signage:

Estimated Start Date: Estimated Completion Date:

#### SECTION 4: Submittal Requirements

- Attach two qualified contractor bids and all cost breakdowns by category
- Photographs of existing facade
- Colored plans, drawings and/or elevations of all proposed improvements
- Description of materials
- Copy of lease for vacant storefronts
- W-9 of applicant

#### SECTION 5: Owner/Applicant Signature

I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of the permit application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation.

I acknowledge that the City reserves the right to require additional information if requested. I acknowledge that I have reviewed the Program Guidelines and agree to follow those guidelines and applicable governing standards. I acknowledge the City and Façade Improvement Grant Committee shall not be party to, nor accused of, nor be held liable for any legal or financial disputes that may result from any occurrence in connection with this grant.

|  |      |
|--|------|
| Property Owner Print Name  | Date |
| Property Owner Signature   |      |
| Submit application to: <a href="mailto:elang@smwi.org">elang@smwi.org</a><br>Subject labeled Façade Grant Application                |      |
| Or Provide to:<br>City of South Milwaukee<br>Attn: Economic Development<br>2424 15 <sup>th</sup> Avenue<br>South Milwaukee, WI 53172 |      |
| OFFICE USE ONLY  |      |