



**CITY OF MCHENRY**  
**APPLICATION FOR**  
**FAÇADE GRANT**

Date:

Program administered through the City of McHenry Economic Development Department.

Read all instructions provided before completing. If additional space is needed, attach additional pages. Type or use black ink.

<b>SECTION 1: Applicant / Permittee Information</b>			
Applicant Name (Ind., Org. or Entity)	Authorized Representative	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Name (Ind. Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description		Parcel No.	
<b>SECTION 4: Project Information</b>			
Project Description:			
Estimated Start Date:		Estimated Completion Date:	
Existing Façade Photo (attach):		Design Drawing (attach):	
<i>Fill in below form with cost estimates based on category. Attach quotes to this application.</i>			
Category	Cost Estimate	Category	Cost Estimate
<b>Total Eligible Expenses:</b>		<b>Requested Grant Amount:</b>	
<b>SECTION 5: Certification and Permission</b>			
<p><b>Certification:</b> I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this 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 and a fine and/or forfeiture under the provisions of applicable laws.</p> <p><b>Permission:</b> I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.</p>			
Name of Owner/Authorized Representative (please print)		Title	Phone Number
Signature of Applicant		Date Signed	