



Development Authority
745 Forest Parkway
Forest Park, GA 30297
Office: (404)363-2454
www.forestparkga.gov

Forest Park Facade Grant Application

Applicant Information:

Applicant Name: _____

Co-Applicant Name: _____

Business Name: _____

Business License Number: _____

Street Address _____ City _____ State/Zip _____

Cell Phone #: _____ Alternative Phone #: _____

Email: _____

Project Description:

Please provide a general description of your project. Include all drawings and plans with application.

If the building is currently not in use, what is the proposed use for the building?



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Costs & Expenses

What is the estimated cost for the building improvements? Please include supporting documentation with application.

Grant amount requested: \$ _____

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Applicant Acknowledgement:

I _____ acknowledge that the information contained in this application is true and accurate.

I, the undersigned, understand that the façade grant must be used for the project described in this application. I have read and agree to abide by the required guidelines of the Forest Park Façade Grant program. I will adhere to the decision of the Development Authority. I understand that improvements funded by the Development Authority must be maintained for a period of at least three years. I understand that if approved, I will not be eligible for the façade grant for three years once grant funds are disbursed.

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date Reviewed: _____

Project Type (Major or Minor Improvement): _____

Date Presented to DA: _____ Date Approved: _____

Amount Approved: \$ _____ Required Completion Date: _____

Notes: