

Print Name of Applicant

Downtown Development Authority City of Stone Mountain, Georgia 875 Main Street Stone Mountain, GA 30083

FAÇADE GRANT APPLICATION

Please read the Façade Grant Guidelines before completing the application. Please type or print all entries.

Applicant Information
Business Name : 5380Studios LLC
Contact Name : Jerome Osborne
Business Addres 380 East Mountain Street
City, ST, ZIP Stone Mountain, Ga 30083
Telephone : 877.424.5380
Email info@5380studios.com
Property Owner Information (if different from Applicant).
Property Tax Parcel ID for project location: same as above
Property Owner: Walter Jackson
Mailing Address:
City, ST, ZIP :
Telephone : 404.414.4085
Email wsidneyj@icloud.com
Project Description . Check box □ and attach Historic Preservation Commission approval if needed.
Print Project Description. Check box [if Project description or other plans, drawing, photos are attached.
Seeking to have our parking lot repayed and any other issues in the lot resolved.
Estimated Cost of Project (attach detailed budget) : \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I have read the guidelines and affirm that to the best of my knowledge all the entries on this application are
accurate and frue. My m
Signature of Applicant Signature of Owner (if different from applicant)
Jerome Osborne Walter Jackson

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Print Name of Owner (if different from applicant)