



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	:	Thirsty Mona Lisa
Contact Name	:	Jennifer Galloway
Business Address	:	979 Main Street
City, ST, ZIP	:	Stone Mountain, GA 30083
Telephone	:	(770) 895-3738
Email	:	jgalloway.979@gmail.com

Property Owner Information (if different from Applicant).

Property Tax Parcel ID for project location:	
Property Owner	: Jennifer Galloway / Galloway 401K Ret Trust
Mailing Address	: 6863 Shadow Ridge Lane
City, ST, ZIP	: Stone Mountain, GA 30087
Telephone	: 770-895-3738
Email	: jgalloway.979@gmail.com

Project Description. Check box ☒ and attach Historic Preservation Commission approval if needed.

Print Project Description. Check box <input type="checkbox"/> if Project description or other plans, drawing, photos are attached.
The project will replace damaged windows, add an awning over the retail space, installation of french doors and a juliette balcony on the second story of the property (see attached rendering. Date 10/07/2022

Estimated Cost of Project (attach detailed budget) : \$ 11,651

Amount of Façade Grant Requested (See Guidelines) : \$ 5,000

I have read the guidelines and affirm that to the best of my knowledge all the entries on this application are accurate and true.


Signature of Applicant

Jennifer Galloway
Print Name of Applicant

Signature of Owner (if different from applicant)

Print Name of Owner (if different from applicant)