



**2024 Scotch Creek Business  
Façade Improvement Program  
Pilot Project Application**

**Applicant Information**

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Building Address: \_\_\_\_\_

(If different than above)

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the building owner stating that you are permitted to make these changes.

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Description**

Describe the proposed project – Please attach any extra sheets, photos, designs, samples, etc. Describe the work to be done and materials to be used.

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Planned Start Date: \_\_\_\_\_

Planned Completion Date: \_\_\_\_\_

Total Project Cost (estimated): \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

**Applicant Checklist**

- Property taxes paid
- Utility account paid (if applicable)
- Building owner authorization

**Attach to Application**

- Photos of existing conditions (before)
- Cost estimates
- Drawings/designs (if applicable)
- Signed Terms and Conditions

Business Façade Improvement Program

Terms and Conditions

I, \_\_\_\_\_ of \_\_\_\_\_  
(Applicant) (Business / Building)

have read the complete application and concur with and give my consent to the work proposed in the application.

I assume all responsibility for obtaining appropriate architectural drawings, building permits and inspections, and hiring of contractors as necessary.

I will allow the Shuswap Economic Development Society, North Shuswap Chamber of Commerce and Economic Trust of Southern Interior to use before and after pictures of the project and testimonials for the purpose of promoting this program in the future.

I agree not to involve the Shuswap Economic Development Society, North Shuswap Chamber of Commerce or Economic Development Trust of the Southern Interior in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the façade improvement project.

I give my consent to the Shuswap Economic Development Society and North Shuswap Chamber of Commerce to make all inspections necessary to confirm that the approved plans are implemented in accordance with the expected standards.

Payment of approved grants will be made upon the applicant providing the Shuswap Economic Development Society and North Shuswap Chamber of Commerce with proof of final completion of proposed improvements along with verification of expenditures and proof of final inspections (when required).

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE

Application Received by:

Date:

