

APPLICATION FORM

Applicant Information

Applicant Name: _____

☐ Property Owner

☐ Business Tenant

Business Name (if applicable): _____

Property Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Property Owner Authorization (Required if Applicant is a Tenant)

Property Owner Name: _____

Owner Phone: _____

Owner Email: _____

I, the undersigned property owner, authorize the applicant to complete the proposed façade improvements described in this application.

Owner Signature: _____

Date: _____

Project Description

Provide a detailed description of the proposed façade improvements:

Attach additional pages if necessary.

Type of Improvements (Check all that apply)

- ☐ Exterior Painting
- ☐ Masonry Repair or Restoration
- ☐ Window or Door Replacement/Restoration
- ☐ Awning Installation or Replacement
- ☐ Signage (must comply with City ordinance)
- ☐ Exterior Lighting
- ☐ Storefront Restoration
- ☐ Accessibility Improvements
- ☐ Other: _____

Project Timeline

Estimated Start Date: _____

Estimated Completion Date: _____

Note: Work may not begin until written approval is issued by the City.

**CITY OF MELVILLE
DOWNTOWN MELVILLE FAÇADE
IMPROVEMENT PROGRAM**



Project Budget

Attach itemized budget estimates or cost breakdown.

Estimated Cost

Total Project Cost: \$ _____

Grant Amount Requested (Up to \$5,000): \$ _____

Grant funds reimburse up to 100% of eligible costs, not to exceed \$5,000.

Required Attachments

- ☐ Before photos of building façade
- ☐ Itemized contractor estimates or quotes
- ☐ Concept drawings/renderings (if applicable)
- ☐ Property owner authorization (if tenant applying)
- ☐ Permits (if already obtained)

Incomplete applications will not be considered.

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Applicant Certification

By signing below, I certify that:

- All information provided is true and accurate.
- I understand that this is a reimbursement grant.
- I will not begin work until written approval is issued.
- I will comply with all City codes and permit requirements.
- I agree to maintain improvements in good condition for a minimum of five (5) years.

Applicant Signature: _____

Printed Name: _____

Date: _____

Submission Information

Submit completed applications and attachments to:

City of Melville
Community Services Department
575 2nd Ave West
Melville, Sask. S0A 2P0
jstein@melville.ca
306-728-6855