



**CITY OF KINGMAN**  
*Economic Development Department*

Façade Improvement Program  
Application

Contact: Sylvia Shaffer, Economic and Development Manager Phone: (928) 753-8131 Email: sshaffer@cityofkingman.gov

Date: \_\_\_\_\_

**Applicant/Property Owner Information:**

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

Company Name: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Business Location**

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

Company Name: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Please submit the following documentation:**

1. Brief narrative of proposed façade improvement (include anticipated completion date of project)
2. Drawing with proposed façade improvement (please include measurements)
3. Photos of existing condition of the building façade.
4. Proposed improvements samples and illustrations: ex. graphics, paint colors, awning materials, sign drawing, etc.
5. Estimated total project cost with a minimum of three (3) quotes.
6. If the applicant is the tenant, a permission letter from the property owner
7. Copy of business license

I have read the Façade Improvement Program guidelines, know the contents thereof, and agree to the conditions of the application.

**Applicant / Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIP Application Dates (to be completed by Economic Development Department):**

1. Date application received Date: \_\_\_\_\_

2. Date application reviewed Date: \_\_\_\_\_

3. Total Project Cost Date: \_\_\_\_\_

4. Grant amount requested Date: \_\_\_\_\_

5. Grant amount awarded Date: \_\_\_\_\_

6. Deadline to complete project Date: \_\_\_\_\_

7. Project completion Date: \_\_\_\_\_