

## SIGN / AWNING GRANT APPLICATION

When applying for this grant please remember to read the attached Program Guidelines before completing the application. Incomplete applications will not be considered.

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

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

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

If Applicant is other than Property Owner:

Property Owner's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Are you applying for \_\_\_\_\_ Sign Grant \_\_\_\_\_ Awning Grant

Total Estimated Cost of the Project: 1- \_\_\_\_\_ 2- \_\_\_\_\_

Address where sign or awning is to be placed \_\_\_\_\_

Do you currently have a sign? \_\_\_\_\_ Do you currently have an awning? \_\_\_\_\_

Have you received a sign / awning grant previously \_\_\_\_\_ Yes \_\_\_\_\_ No *If so when* \_\_\_\_\_

For each quote, a rendering of the proposed sign / awning including colors is attached  
\_\_\_\_\_ Yes \_\_\_\_\_ No

A photograph(s) of the property showing sign / awning placement is attached \_\_\_\_\_ Yes \_\_\_\_\_ No

If the project requires a permit from the City of Lawrenceburg, a copy is attached \_\_\_\_\_ Yes \_\_\_\_\_ No

If the project requires a Certificate of Appropriateness from the City of Lawrenceburg, a copy is attached \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that I am able to provide the required matching funds for the project as outlined in this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If Applicable, Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_