



**STOREFRONT IMPROVEMENT
APPLICATION**

PRIMART CONTACT INFORMATION FOR THIS APPLICATION

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Applicant Name:

(name of person/entity
to receive grant)

Taxpayer ID or SSN:

Property Owner:

Property Address:

Architect/Firm:

(if applicable)

Description of Property

Current tenant (s): Commercial _____

Residential # occupied: _____ # vacant _____

Building History (if available):



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Total Cost of Façade renovation: \$ _____ 50% Grant Requested: \$ _____

Is the façade renovation part of a larger project?

Yes No, façade is the only work I am doing

If yes, please describe comprehensive project.

_____.

Summary of Existing Condition of Façade: (Attachment 1 – Pictures)

Summary of Proposed Scope of Work: (materials, color schemes, etc.) Please attach any drawings available that include post-rehab detail, indicating specifically what will be modified and how. (Attachment 2 – Drawings)

Bids or official estimates from licensed commercial contractors or other providers of needed services and materials are required. (Attachment 3 – Estimates)

Historic Character: How will proposed project affect historic character? (if applicable)

For more information on completing this application, please refer to the following website: www.lakota-nd.com or call Lakota City Hall at 701-247-2454.

A building permit is required for structural improvements.

Signature of applicant: _____ Date: _____