



COMMERCIAL FAÇADE IMPROVEMENT GRANT PROGRAM

Owner and Tenant Authorization Form

Note: This form must be completed by both property owners and tenants (if applicable) to confirm authorization for façade improvement work.

PROPERTY INFORMATION

Property Address: _____

Business Name (if applicable): _____

PROPERTY OWNER INFORMATION

Owner Full Name: _____

Owner Email: _____

Owner Phone Number: _____

Property Owner Confirmation

☐ I confirm that I am the legal owner of the above-mentioned property and have the authority to authorize façade improvement work.

☐ I give my consent for the proposed façade improvement work to be completed on this property as part of the Business Façade Improvement Program.

TENANT INFORMATION

(Complete if tenant is applying or involved)

Tenant Full Name: _____

Tenant Email: _____

Tenant Phone Number: _____

Tenant Confirmation *(if applicable)*

☐ I confirm that I am the legal tenant of the above-mentioned property and have reviewed the proposed façade improvement work.

☐ I acknowledge and consent to the proposed façade improvement work being completed on this property.

SIGNATURES

Property Owner Signature: _____ **Date:** _____

Tenant Signature (if applicable): _____ **Date:** _____

For Office Use Only:

Application Number: _____

Date Received: _____

Processed By: _____

Commercial Façade Improvement Grant Program - Town of Shelburne