



City of Goodhue
405 N Broadway
Goodhue, MN 55027
Phone: (651) 923-4310

Business Façade Improvement Program Application

Name of Applicant: _____ Date: _____

1. Contact Person: _____

2. Mailing Address: _____

3. Email Address: _____

4. Phone Number: _____

5. Business Name: _____

6. Business Address of Proposed Work: _____

7. Does the Applicant Own the Building: _____ Yes _____ No

8. Will Building Permits be Needed for this Project: _____ Yes _____ No

9. Project Summary: _____

10. Estimated Total Project Cost: \$ _____

11. Total Amount Requested: \$ _____ (Minimum: \$500; Maximum: \$2,000)

12. Proposed Project Start Date: _____

13. Proposed Project Completion Date: _____

Applicant Certification

I, the undersigned certify that I have the authority to sign this application, that the information submitted is true and accurate to the best of my knowledge, that I have read, understood, and will comply with the program guidelines. I understand that this application will be reviewed based on the information provided herein and that if the final project does not meet minimum program guidelines the City reserves the right to deny reimbursement.

Name/Title (Printed)

Signature

Date

Required Attachments

Please submit the following forms along with your application form; an application will not be considered complete or presented to City Council for approval until all requested documents are provided by the applicant:

1. Copy of cost estimate for the project
2. Project plans, drawings or sketches
3. Photos of property exterior before work begins
4. *For leased properties only:*
 - a. Copy of lease agreement and written permission from property owner
5. Any additional documentation as requested