

City of Yreka Historic Downtown Façade Grant Program

Initial Application

1.	Project Location Address or Property to be improved:		
	Assessor Parcel Number(s):		
	Name of Business(es) or organization(s) in project:		
2.	2. Applicant Information Name:		
	Address:		
	Phone:	Phone:	
	Do you:OwnRent (month to month)Lease		
	If leased, date of lease expiration:		
	Name of Property Owner(s):	Phone:	
3. Description of proposed improvements:			
4.	4. Estimated total budget for project: \$		
Sig	Signed: Si	gned:	
Pro	Property Owner(s) Signature(s) Ap	oplicant(s) Signature(s)	
Date:		ate:	