



Village of McBride
 100 Robson Centre
 855 SW Frontage Road
 PO Box 519, McBride, BC V0J 2E0
 Phone: 250-569-2229
 Email: edo@mcbride.ca

Village of McBride Business Façade Improvement Program Application 2024

Applicant	Name:	
	Business/Company Name:	
	Mailing Address:	
	Contact Phone:	McBride Business License #:
	Email:	

Civic Address of Subject Property:

Legal Description:	District Lot:	Plan #:	Lot:	Block #:	PID:	Property Zoning:

If you are applying as the tenant of the building, please provide the following:

Building Owner	Name:
	Mailing Address:
	Contact Phone:
	Email:

As the tenant of the building, please attach a *Letter of Consent* from the owners stating that you are allowed to apply for the program and make façade changes.

Letter of Consent attached Letter will be coming (please note that the application cannot be approved without the letter) N/A

Has the subject building previously received funding under this program? YES NO

Describe the proposed NEW Façade Improvement Project or Home-based business way-finding sign:

Please attach additional pages as required, including drawings and/or artistic renderings

Planned Start Date: _____ Planned Completion Date: _____

Please ensure that the following are attached to the application:

- 'Before' Pictures
- Design Drawing/Plan showing the 'after' improvements
- Letter of Consent from owners (if applicable)
- Signed Terms and Conditions Agreement
- Development Permit Application (if applicable)
- Project Budget Estimate (if no budget, please provide an estimate by completing the table below):

Project Components	Labour	Materials
Exterior Decorative – List:	\$	\$
Exterior Mechanical – List:	\$	\$
Exterior Electrical – List:	\$	\$
Exterior Structural – List:	\$	\$
Exterior Other (describe):	\$	\$
Way-finding Signage:	\$	\$
Total:	\$	\$

Estimated Total Project Cost: \$ _____

Grant Amount Requested: \$ _____
(50% of total project cost up to a maximum of \$5000 or \$500 for way-finding signage). Net of taxes

I have reviewed the Village of McBride Business Façade Improvement Program Guidelines and, being satisfied with the guidelines would like to participate in the Program. Please accept my application with all ____ attachments.

Date: _____ Signature: **X** _____

Village Use: Is the application complete with all required attachments included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Received in office: _____	Staff Initials: _____	Folio: _____