

**APPLICATION**

Please return completed and signed application to the Township with all necessary documentation.

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Business Owner

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Building Owner

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Building Physical Address: \_\_\_\_\_

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the owners stating you are allowed to make these changes and are responsible for all of the costs incurred in the project.

Owners' Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell #: \_\_\_\_\_:

Describe the proposed project (attached extra plans, paint samples, designs and before photos):

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## APPLICATION

Planned Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Estimated Total Project Budget (attach professional quotations): \_\_\_\_\_

I have read and reviewed the Township of Esquimalt Business Façade Improvement Program Guidelines and confirm that my project meets the necessary requirements.

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Checklist:

\_\_\_\_\_ Property taxes paid

\_\_\_\_\_ Utilities paid

\_\_\_\_\_ Business License Fees paid

\_\_\_\_\_ Building Owner Authorization

\_\_\_\_\_ Required building permit application

### Attachments to Application:

\_\_\_\_\_ Photos of current condition

\_\_\_\_\_ Detailed specifications of project

\_\_\_\_\_ Budget details/Quote

\_\_\_\_\_ Plans/Drawings

\_\_\_\_\_ Material & colour samples

\_\_\_\_\_ Letter of Understanding signed

**LETTER OF UNDERSTANDING  
TERMS AND CONDITIONS**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Applicant) (Business/Building)

have read the complete application and concur with and give my consent to the work proposed in the application.

I assume all responsibility for obtaining appropriate architectural drawings, building permits and inspections, and hiring of contractors as necessary.

I agree not to involve the Township of Esquimalt in any legal action between myself and any contractors, estimators, employees, workers, or agents arising from or out of the Business Façade Improvement Program.

I give my consent to the Township to make all inspections necessary to confirm that the approved plans are implemented in accordance with expected standards.

Payment of approved grants will be made upon the applicant providing the Township with proof of final completion of the proposed improvements along with verification of expenditures and proof of final inspection (when required).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application received by \_\_\_\_\_ Date: \_\_\_\_\_

**Return to the municipal hall at 1229 Esquimalt Road or email to [finance@esquimalt.ca](mailto:finance@esquimalt.ca)**

Program administration provided by  
the Esquimalt Chamber of Commerce