



Manitowoc Downtown Façade Grant Program

Contact: City of Manitowoc
Planning Department
900 Quay Street
Manitowoc, WI 54220
920-686-6930 phone

APPLICANT INFORMATION

Name:
Phone:
E-Mail Address:

FOR DEPARTMENT USE ONLY

Application Date:
Approval Date: Amount:
Zoning Classification:
Design Review area: y/n

PROPERTY OWNER INFORMATION

Name:	Years Owned:
Address:	Phone:
City: State: Zip Code:	
Type of Ownership:	Owner's Signature-Improvements Approved:

BUSINESS AND / OR PROJECT INFORMATION

Name of Business:	Business / Project Owner's Name:
Address:	Phone:
City: State: Zip:	
Type of Business:	Upper floor use:

PROPOSED IMPROVEMENTS (attach detailed materials list, architectural drawings, etc.)

Briefly Describe Proposed Storefront Improvements:	
Other Improvements:	Estimated Cost of Improvements:

Additional required materials: 2 written proposals (minimum), sketches, photos, architectural drawings, sample boards and product list.

Check appropriately:

☐ I own the property in consideration ☐ I lease the property in consideration

I have read the City Wide Façade Grant Program and Design Guidelines. I understand that if the proposal is approved, I will make the above improvements to the property within the specified time allowed.

APPLICANT'S SIGNATURE: _____

DATE: _____

OWNERS' SIGNATURE: _____

DATE: _____

If different than applicant