

2025 Salmon River Valley Business Facade Improvement Program Application

Completed applications can be submitted by email to <u>info@shuswapecdev.ca</u>
Application deadline is **January 31, 2025**

Applicant Information

Business Name	
Business Identification Number (BIN)	
	Registered Sole Proprietorship
	Corporation
Business Address	
Contact Person	
	I am the property owner
	I am the business owner
	(Note: if the applicant is the business owner, the property owner must approve the application in writing and confirm that all improvements are to be paid for by the applicant).
Email Address	
Phone Number	
Mailing Address	



If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the owner.

Owner Name

Mailing Address

Phone Number

Email Address

Please see <u>Guidelines</u> for Eligibility and Program Requirements.

Project Description

Describe the proposed project – Please attach any extra sheets, photos, designs, samples, etc. Describe the work to be done and materials to be used and note how this related to the Design Guidelines.



Planned Start Date

Planned Completion Date

Total Project Cost (estimated)

Funding Amount Requested

Application Checklist (attach to application)

Property Taxes Paid

Utility Account Paid

License Fees Paid

Completed application form

Required Permit Applications Complete

Building Owner Authorization (if applicable)

Detailed Specifications

Design/Drawings for the project

Contractor's cost estimate for the project

Photos of the existing condition of the building(s)

Material and Colour Samples



Confirmation

I confirm that the following items are true as of the application date:

I have read and agree to the terms and conditions outlined in the <u>SEDS BFI Program Salmon River Valley Guidelines</u>

There are no outstanding building permits, stop work orders, or development permit condition requirements

I have contacted the Columbia Shuswap Regional District to ensure all required permitting and associated improvement guidelines are followed.

By signing below, I confirm that my application	n is complete and that all information provided
s accurate to the best of my knowledge.	
Applicant Signature	Application Date