DUE FRIDAY AUGUST 12TH, 2022

LOVINGTON MAINSTREET FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION

Applicant Name:	Telephone:
Email:	Physical Address of Property:
Mailing Address:	
	: (Attach more pages as needed.) t:
Project Needs (mat	erials/labor/etc):
Total Project Cost:	Grant Amount Requested:
Do you need archit	ectural/design assistance?
request per	ant requested maximum allowed \$2500. Proof of estimate must be included in application. Only one property; if property received funding in previous fiscal year applicant must sit out one year. will use a licensed contractor for jobs requiring permits.
City Planning and Z Please meet with th	Zoning Coordinator Signature:e City Planning & Zoning coordinator to discuss permit needs. (575) 396-9301
for assistance to ma an approval process	hereby submit this form to Lovington MainStreet's (LMS) Façade Improvement Program as a request take approved changes to my façade. I understand that this application for assistance must go through and may be declined based on the program's guidelines and/or availability of funds. Reimbursement approval of final report and must be approved by Lovington MainStreet Treasurer.
Business Owner	Date
building. I agree to	understand that the tenant of my building is requesting assistance to make façade improvements to my participate in the design process as necessary and will allow any approved changes to the façade of at the address identified on this form.
Building Owner	Date
Office Use:	
	ed by LMS Board on (date). Request Approved: Y or N (Circle one.) Request approved
	If not approved why:
Finalized:	(date) Board Treasurer Signature: