



Mayor Bill Carpenter
City of Brockton

Brockton Redevelopment Authority

Dept. of Planning & Economic Development

FAÇADE IMPROVEMENT PROGRAM

Property Location:

Address: _____

Property Owner Information

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

How long have you owned this property? _____ Copy of Deed: Attached

Number of businesses in building: _____ Types of businesses: _____

Total number of employees (of businesses): _____

General description of work to be completed:

Photographs of existing conditions (building and surrounding area) - attach on page 3

Estimate of design costs by contractor or architect, etc. \$ _____

Design firm, architect: _____

Address: _____ Contact: _____

Estimated cost of façade improvement: \$ _____

Estimated date of completion: _____

I understand that this is a preliminary application. Upon approval of the tentative application I will be asked for detailed information including financials, estimates of cost, details of improvements and schedules. I have read and reviewed the term sheet for the Façade Improvement Grant and understand the terms.

Applicant's Signature: _____ Date: _____

Submit completed application to:

Brockton Redevelopment Authority 50 School St. Brockton, MA 02301

Application Deadlines April 1 and October 1.

BROCKTON STOREFRONT FAÇADE IMPROVEMENT PROGRAM

Property Address:

Existing Conditions

Photo One
Street in front of building
facing North

Photo Two
Facing the building
straight on

Photo Three
Facing the
building from left
vantage point

Photo Four
Facing the building
from the right
vantage point

Latitude:
Longitude:

Date: