

BEAUMONT ECONOMIC DEVELOPMENT DEPT.

550 E 6TH STREET, BEAUMONT, CA 92223 PHONE (951) 769-8527 BEAUMONTCA.GOV

Downtown Façade Improvement Program

Application Form

DATE OF REGISTRATION



APPLICANT INFORMATION

Full Name :		
Applicant Address :		
City, State, Zip :		
Email :	Phone Number:	
Applicant's Interest in Property :	Own Rent Other:	
Name of Business :		

PROPERTY OWNER INFORMATION

Full Name :		
Property Owner Address :		
City, State, Zip :		
Email :	Phone	.

PROPERTY INFORMATION

Property Address or location :	
Assessor's Parcel Number :	
Total Site Acreage :	
Building Square Footage :	
Proposed or Current Use :	

Econdev@beaumontca.gov



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PROJECT DESCRIPTION

General Description of Business and Proposed imp	rovements :
Estimated Cost of Improvements :	
Requested Funding/Reimbursement amount :	

NOTIFICATIONS

- Electronic submittal of applications is allowed.
- Appointments are required for in-person submittal. Contact the Economic Development Department at (951) 769-8527 for scheduling.
- Acceptance of the application at the counter does not represent a complete application or guarantee funding.



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ACKNOWLEDGEMENTS

I hereby acknowledge that I must comply with California Labor Code Prevailing Wage Requirements for the improvements under this program as outlined by the Program Guidelines.

I hereby acknowledge that I will obtain plan approval and any applicable Planning and Building Permits from the City of Beaumont and will comply with all city policies and ordinances including business permit requirements.

I hereby acknowledge that I will obtain Commercial General Liability Insurance and a policy of Worker's Compensation Insurance as outlined by the Program Guidelines.

I hereby acknowledge that I am responsible for ongoing maintenance of the improvements for five (5) years following the completion of leverage-funded improvements for projects under this program.

ATTACHMENTS

I hereby acknowledge that a detailed scope of work is required and will be provided with this application in order to be considered for the program.

AUTHORIZATIONS

Print Applicant Name :	
Applicant Signature :	
Date :	
Print Property Owner Name :	
Property Owner Signature :	
Date :	

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