

**SUPERIOR BUSINESS IMPROVEMENT DISTRICT
MATCHING SIGN GRANT APPLICATION**

DATE:

Grant Number

A. APPLICANT INFORMATION:

1. Business Name:

2. Owner(s):

3. Business Address:

4. Home Address:

5. Business Phone:

EMAIL:

Cell:

FAX:

B. PROJECT INFORMATION:

1. Project Address:

2. Project Description:

C. SIGN COMPANY INFORMATION:

1. Company:

2. Address:

3. Business Phone:

EMAIL:

Cell:

FAX:

D. Required Documentation:

- a. Concept Drawing**
- b. Contractor's Cost Estimate**
- c. Time Table for Installation**

E. I hereby certify that the above information is true and correct to the best of my knowledge.

Date:

Applicant

Name:

Signature:

Name:

Signature:

Property Owner Permission if applicant when applicant is tenant in the project building.

I (we), as legal owner(s) of the property listed above, authorize the undertaking of an installation of signs or awnings as described in this application.

Date:

Property:

Property Owner:

Name:

Signature:

Name:

Signature:

