



**SALISBURY COMMUNITY APPEARANCE COMMISSION
2016-2017 MUNICIPAL SERVICE DISTRICT INCENTIVE GRANT PROGRAM**

PROPERTY ADDRESS _____

CURRENT USE _____

APPLICANT _____

_____ OWNER _____ TENANT

APPLICANT ADDRESS _____

OWNER NAME (IF OTHER THAN APPLICANT) _____

ADDRESS _____

CONTACT PHONE NUMBER _____ EMAIL _____

DESCRIPTION OF PROJECT _____

TOTAL ESTIMATED COSTS (PLEASE ATTACH ESTIMATES) \$ _____

I UNDERSTAND THAT IF THE PROJECT REQUIRES AN ARCHITECTURAL DESIGN CONSULTANT PAID BY THE CITY MY SHARE (50%) OF THOSE COSTS WILL BE DEDUCTED FROM THE FINAL GRANT AMOUNT.

I HAVE ATTACHED PROJECT PLANS AND SPECIFICATIONS OR OTHER APPROPRIATE DESIGN DOCUMENTATION.

I UNDERSTAND THAT THE INCENTIVE GRANT MUST BE USED FOR THE PROJECT DESCRIBED IN THIS APPLICATION.

I HAVE RECEIVED A CERTIFICATE OF APPROPRIATENESS OR MINOR WORKS PERMIT FROM THE HISTORIC PRESERVATION COMMISSION IF PROJECT IS IN A LOCAL HISTORIC DISTRICT

DATE OF CERTIFICATE OF APPROPRIATENESS _____

SIGNATURE _____ DATE _____

RETURN

BY MAIL TO:

COMMUNITY PLANNING SERVICES
CITY OF SALISBURY
P.O. BOX 479
SALISBURY, NC 28145-0479
E-MAIL: dmoogh@salisburync.gov

or

HAND DELIVER TO:

PLANNING DIVISION, 2ND FLOOR
CITY HALL
217 S. MAIN STREET
PHONE: 704.638.5242