



**SALISBURY COMMUNITY APPEARANCE COMMISSION
2016-2017 INNES STREET IMPROVEMENT GRANT PROGRAM**

PROPERTY ADDRESS _____

CURRENT USE _____

APPLICANT _____

_____ OWNER _____ TENANT

APPLICANT ADDRESS _____

OWNER NAME (IF OTHER THAN APPLICANT) _____

OWNER ADDRESS _____

CONTACT PHONE _____ EMAIL _____

DESCRIPTION OF PROJECT _____

TYPE OF PROJECT (CHECK ALL THAT APPLY)

_____ FACADE IMPROVEMENT/ SIGNAGE

_____ LANDSCAPING (INCLUDE PLAN FOR MAINTENANCE)

_____ PARKING/DRIVEWAY CONSOLIDATION

_____ PEDESTRIAN/BICYCLE ENHANCEMENT

_____ (OTHER)

TOTAL ESTIMATED COSTS (PLEASE ATTACH ESTIMATES) \$ _____

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:
PLANNING DEPARTMENT
CITY OF SALISBURY, P.O. BOX 479
SALISBURY, NC 28145-0479

or **HAND DELIVER TO:**
COMMUNITY PLANNING SERVICES, 2ND FLOOR
CITY HALL
217 S. MAIN STREET

E-MAIL: dmogh@salisburync.gov

PHONE: 704.638.5242