



2026 Façade Improvement Program Grant Application

Date		Property Owner _____	
Applicant Name		or Business Owner _____	
Business Name		Phone	_____
Physical Address		Email	_____
Mailing Address	_____		

Heritage Building	Yes _____ No _____		
# of Stories		Occupied: 1 st _____ 2 nd _____ 3 rd _____	
Total Square Feet of Building	_____		
Building Usage	_____		
Proposed Project	_____		
Total Cost of Improvement: \$ _____			
Have you received/will you be applying for other funding for this project? _____			
Have you applied previously for a façade program grant for this address?	_____	In what year? Note: if you applied and received a grant for this property in the previous fiscal year you must sit out for one year.	_____
Tentative Start Date	_____	Tentative Completion Date	_____

Note: Application must be approved before project begins

Please Attach the Following:

Detailed project description	
Photo or drawing of current conditions	
Drawing of proposed improvements	
Quotes from certified Contractor(s)	
Note Photo of complete project will be required	

Conditions:

- Must be located within the BIA
- The applicant is responsible for obtaining all necessary permits. City of Charlottetown Planning Dept. Phone: 902.629.4158 Fax:902.629.4156 Email:planning@charlottetown.ca

Signature of Applicant

Date

DCI Office Use Only

Date Received: _____	Date Reviewed: _____	Application Complete: Yes / No (Details)
Approval Letter Sent: Yes/No	Amount Grant Approved: \$ _____	
Executive Director Signature: _____		