

Town of Vinton Change of Use Grant Program Application

DATE OF SUBMISSION: _____

APPLICANT: _____

Telephone Number: _____ **Email Address:** _____

PLEASE INDICATE IF YOU ARE THE PROPERTY OWNER (CIRCLE ONE): **YES** **NO**

IF YOU ARE NOT THE PROPERTY OWNER, PLEASE ATTACH A CONSENT LETTER FROM THE PROPERTY OWNER STATING YOU HAVE APPROVAL ON THE PROPOSED PROJECT.

Address of Property: _____

Tax Map # _____

Current/ Most Recent Use _____

Proposed New Use _____

Please describe any already known building improvements to be made for new use in reference to the Virginia State Building Code:

Estimated Project Start Date: _____

Expected Completion Date: _____

Estimated Total Cost of Improvements: \$ _____ + 10% contingency

Total Grant Amount Requested \$ _____ Not to exceed \$5,000

Signature: _____ Date: _____

Business Name/DBA: _____

OWNER'S CONSENT FORM

I, _____, certify that I own the property located at _____ in Vinton, Virginia, and that I have reviewed the application for the **Change of Use Grant Program** submitted by _____ and that I fully support this application.

I further certify that this person or business holds a valid lease of _____ year(s) with an expiration date of _____.

Signature

Print Name

Mailing Address

Telephone #