



City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261
www.ci.mt-angel.or.us

Façade Improvement Grant Application

Design review is required for projects according to the requirements in Sections 11, 15, & 16 of the Mt. Angel Development Code. This approval will be provided in conjunction with approval of the grant application. Depending on the type of project, more information may be needed than is noted on this application. *Permit fees associated with this application will be waived.*

Applicant Information:

Applicant: _____

Property Address: _____

Mailing Address (if different): _____

Daytime Phone: _____ Email: _____

Applicant is: Building & Business Owner Tenant/Business Owner Building Owner

If the applicant is not the building owner, please provide the following:

Building Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Important: If the applicant is not the building owner, attach a letter from the building owner providing consent and permission for the proposed façade renovation.

Proposed Project Description: *(Attach additional pages if needed. All projects require a site plan showing the location of your project on the property. Include additional drawings or renderings as appropriate. For example, if repainting, attach a color drawing or paint color sample. If installing a sign, show colors, font style and location of the sign on the building.)*

