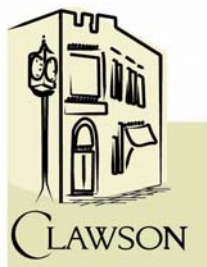


Clawson  
Downtown  
Design Grant  
Program  
Application Form

A PROGRAM OF THE  
CLAWSON DOWNTOWN  
DEVELOPMENT AUTHORITY

425 N. Main Street  
Clawson, MI 48017

Phone: 248.435-4500  
Fax: 248.435-0515



*Classic • Comfortable • Convenient*

1. Name and Address of Applicant

Own Property

Own Business

2. Address of Property proposed for Improvement

3. Business Contact Person

Title

4. Business Phone Number ( )

Fax Number ( )

Please briefly describe what improvements you have in mind.

**Lessee/Business owner must also include authorization from Property/Building owner.**

Check box if letter of authorization is attached. Property/Building owner must agree to allowing the improvements described above.

It is my intent to make the above described improvements to my building/business within the next year and I request this design service with the commitment of implementing improvements.

\_\_\_\_\_  
(Applicant Signature)

**To be completed by DDA**

The property at \_\_\_\_\_

has been found to be:

Consistent with DDA plans

Inconsistent with DDA plans

It is therefore,

Eligible

Not eligible

for the Design Grant Program.

Determined by \_\_\_\_\_

(Name)

(Title)