

**TOWN OF NORTH BRANFORD  
FAÇADE IMPROVEMENT PROGRAM  
APPLICATION FORM**

Date of Application: \_\_\_\_\_

**PROPERTY INFORMATION**

Address: \_\_\_\_\_

Taxes Paid:    Y    N            Sewer Bill Paid:    Y    N            Municipal Liens:    Y    N

Pending Code Enforcement Action on Site (i.e. zoning, building, health):            Y    N

If yes, please describe: \_\_\_\_\_

**BUILDING OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICANT INFORMATION (IF DIFFERENT THAN BUILDING OWNER)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Firm: \_\_\_\_\_

License: \_\_\_\_\_

Principal: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Written description of proposed façade improvements, including materials and colors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



