



2025 Business Façade Improvement Program

District of Wells

Project Application

Applicant Information

Please return completed applications to the District of Wells Office or email to general@wells.ca.

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Building Address: _____

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the building owner stating that you are permitted to make these changes.

Owner Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Project Description

Describe the proposed project. Please attach any extra sheets, photos, designs, samples, etc. Describe the work to be done and the materials to be used.

Planned Start Date: _____

Planned Completion Date: _____

Total Project Cost (estimated): _____

Funding Amount Requested: _____

Applicant Checklist

- Property Taxes paid
- Utility account paid (if applicable)
- Building owner authorization

Attach to Application

- Photos of existing condition (before)
- Contractor’s cost estimates
- Drawings/designs
- Signed terms & conditions

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Terms and Conditions

I, _____ of _____
(Applicant) (Business/Building)

have read the complete application and concur and give my consent to the work proposed in the application.

I assume all responsibility for obtaining appropriate architectural drawings, building permits and inspections, and hiring of contractors as necessary.

I will allow the District of Wells and Northern Development Initiative Trust to use before and after pictures of the project and testimonials for the purpose of promoting this program in the future.

I agree not to involve the District of Wells or Northern Development Initiative Trust in any legal action between myself and any contractors, estimators, suppliers, workers, or agents arising from or out of the façade improvement project.

I agree that if work is not commenced by the anticipated start date, I will inform the District of an updated start date, or risk forfeiture of the grant amount.

I give my consent to the District of Wells to make all inspections necessary to confirm that the approval plans are implemented in accordance with the expected standards.

Payment of approved grants will be made upon the applicant providing the District of Wells with proof of final completion of proposed improvements along with verification of expenditures and proof of final inspection (when required).

Signature _____

Date _____

Office Use Only

Application Received by: _____ Date: _____

