

Initial Application Form

Building Repair Grant

Project Title:

Project Address:

Postcode:

Applicant Name:

Applicant Address:

Postcode:

Contact Details

E-Mail: **Phone:**

Type Of Applicant

Householder, Business, Charity?

Do You Own The Property For Which You Are Seeking Grant? Yes / No

If Not, Please Give Details:

Short Description Of Proposed Work

Anticipated Programme Length:

Estimated Cost Of Works:

Professional Advisor

Do You Have A Professional Advisor? Yes / No (If Yes, Provide Name And Address)

E-Mail: **Phone:**

Declaration

All information given above is, to the best of my knowledge, truthful and accurate. I understand that to make a materially misleading statement at any time during the application process could render the application invalid and the applicant liable to return any grant already paid.

I the applicant accept that all grants are discretionary and will be subject to the terms and conditions of a legal agreement.

One signed hard copy of this form must be returned by post.

**Falkirk Townscape Heritage Initiative,
Suite 1/2, The Hub, 45 Vicar Street,
Falkirk FK11LL**

For Official Use

Signed:

Date Received: / /

Date:

Ref No: