



**PROPERTY OWNER INFORMATION**

[Text input fields for First Name, Last Name, Middle Initial]

First Name

Last Name

Middle Initial

[Text input fields for Address, City, State, Zip]

Address

City

State

Zip

[Text input fields for Phone, Email]

Phone

Email

[Text input field for H or NC Overlay District Name]

H or NC Overlay District Name

**CONTRACTOR INFORMATION**

[Text input fields for First Name, Last Name, Middle Initial]

First Name

Last Name

Middle Initial

[Text input field for Business Name]

Business Name

[Text input fields for Address, City, State, Zip]

Address

City

State

Zip

[Text input fields for Phone, Email]

Phone

Email

[Text input field for Contractor's License Number]

Contractor's License Number

**PROJECT INFORMATION**

[Text input field for Total Cost of Project with '\$' symbol]

Total Cost of Project

[Text input field for Amount of Grant Request with '\$' symbol]

Amount of Grant Request

[Text input field for Project Start Date]

Project Start Date

[Text input field for Estimated Project Completion Date]

Estimated Project Completion Date



**PROJECT DESCRIPTION AND TIMELINE**

[Empty text box for project description and timeline]

**PLEASE INCLUDE THE FOLLOWING ATTACHMENTS:**

- Photographs of area(s) that will be impacted by proposed project
- Evidence of property ownership
- Proof of homeowner's insurance
- Contractor's proof of insurance
- Proof of Certificate of Appropriateness approval from the Historic Zoning Commission

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I certify that all the information in this application is true and complete to the best of my knowledge and belief. I authorize the verification of any information. I understand that this is a reimbursement program and that all application fees and project work must be paid with invoices, receipts, and/or proof of payment submitted to Knox Heritage for reimbursement. I understand it is my responsibility to obtain Historic Zoning Commission approval for all work to be completed as well as all permits and inspections that may be related to the work and Knox Heritage has the right to inspect the work.

[Signature box]

[Date box]

Signature of Applicant

Date

[Print Name box]

Print Name

**Please submit your completed application to:**

Christine Cloninger, Executive Director  
[christine@knoxheritage.org](mailto:christine@knoxheritage.org)