



Business Improvement Grant Application

Business / Property Owner Name (please specify which): _____

Project Location: _____

Applicant Address: _____

City/State/Zip: _____

Contact Phone: _____

City Business License # (if applicable): _____

Project Description

Please list energy efficiency improvements if applicable (materials, ratings, etc.)

_____ **Project Valuation:** _____

**Projects must meet all applicable Design Guideline, Form Based Code, Zoning, Sign and Building Code requirements of the City.

Note: The City of Mission has adopted the 2012 International Mechanical, Plumbing, Residential and Building Codes and the 2011 National Electrical Code

I hereby acknowledge understanding of grant guidelines and agree to the stipulations of the program.

X _____
Applicant Signature **Date**

Community Development Staff
913-676-8358, nfanska@missionks.org
6090 Woodson St., Mission, KS, 66202

Last Updated: 05-01-24



Application Review

****For Office Use Only****

W9:	Tax Status:
Before Photos:	Zoning District:
Pre-application meeting:	Planning & Zoning Approval:
Building Permit:	Flood Zone:
Bids:	
Project Score: _____	

Grant Disbursement

After Photos:
Receipts/Proof of Payment:

Grant Amount: \$	Applicant # _____
	Planning Case File # _____
	Building Permit # _____
Notes:	
Approved by: _____	Date _____