Logo

Description automatically generatedHIGH STREET HERITAGE ACTION ZONE

**Application for Grant**

**Complete ALL sections - Please read the advice below before completing this form.**

1. This application should be accompanied by a specification of works, (if necessary – the Cathedral Quarter Project Officer will advise) drawings of the proposed works and priced schedule of works. Your grant will be based on the grant eligible works detailed in the preferred priced specification. Suitable photographs of the building(s) are also required, which show the building and the relevant areas where work is required.
2. The drawings / photographs supplied should show the proposed colours for the shop front and facia board, fonts and colours for signage, details of how the signage will be applied, (if individual lettering it should be painted timber or metal not plastic), details of any lighting and any proposed signage to be used internally or where it may be attached to the glass internally.
3. All applications for shop front repair grants and fascia signage, should follow the Gloucester City Council shop front shutters and signage guidance.

<https://www.gloucester.gov.uk/media/1206/shopfront-shutters-and-signage-design-guide-november-2017.pdf>

1. No work may be started until written approval is given, or you will not be eligible for grant.

For further detail or if you have any queries please contact;

**Cathedral Quarter Project Officer – Claire Dovey-Evans**

Gloucester City Council

PO Box 2017

Pershore

WR10 9BJ

Tel 01452 396344 email [Claire.dovey-evans@gloucester.gov.uk](mailto:Claire.dovey-evans@gloucester.gov.uk)

**CATHEDRAL QUARTER, GLOUCESTER** **Application for Shop Front Repair Grant**

**1. PROPERTY FOR WHICH GRANT IS SOUGHT**

|  |  |
| --- | --- |
| Name / No of Property |  |
| Full Address |  |
| Post code |  |

**2. APPLICANT DETAILS**

2.1 Name of applicant, i.e. person(s) or body with legal responsibility for repairs:

You must give the details of all owners if the property or any part of it is jointly owned by any other individual(s) or organisation(s).

|  |  |
| --- | --- |
| Name of Applicant /s |  |
| Full Address |  |
| Post code |  |
| Daytime tel. no. |  |
| E-mail address |  |

2.2 Does the applicant/property owner have connections with, or to any person connected with, Gloucester City Council? YES / NO If YES please give details

…………………………………………………………………………………………………………………………………

2.3 Nature of interest (i.e. freehold, leasehold, tenancy, etc):

......................................................................................................................…...….

If leasehold or tenancy, please also state in what year it will expire.

2.4 Please give date of acquiring interest.(*If inherited, you need only state when and how long the property has been in your family).*

......................................................................................................................…...….

2.5 Proof of ownership is attached to this application. YES / NO

*Proof of ownership will be required before a grant offer can be made. Where the property is registered at the Land Registry we require up to date official copies of the register and title plan. For unregistered properties, we will require a certificate of title from a solicitor or licensed conveyancer.*

2.5 A copy of the building insurance for the property is attached to this application. YES / NO

*A copy of the building insurance will be required before a grant offer can be made.*

**3. CONTACT POINTS**

3.1 Name of person to act as the point of liaison*.*

*If the same as 2.1 above, put a line through this question.*

|  |  |
| --- | --- |
| Name of main contact |  |
| Full Address |  |
| Post code |  |
| Daytime tel. no. |  |
| E-mail address |  |

3.2 Name of architect or professional adviser for the repairs if any.

*We would anticipate an architect or surveyor is required where schemes involve structural changes to the shop front, or where the design is being significantly altered from its current one.*

|  |  |
| --- | --- |
| Name of main contact |  |
| Full Address |  |
| Post code |  |
| Daytime tel. no. |  |
| E-mail address |  |

**4. PROJECT DETAILS**

4.1 Summary and nature of repairs/project: .......................................................

.............................................................................................................................

.............................................................................................................................

4.2 What is (a) the present use of the building

.............................................................................................................................

(b) the proposed use after repair?

.............................................................................................................................

4.3 Please give the name and contact details of the chosen contractor for the works

|  |  |
| --- | --- |
| Name of firm |  |
| Name of main contact |  |
| Full Address |  |
| Post code |  |
| Daytime tel. no. |  |
| E-mail address |  |

4.4 Total estimated project cost (excluding fees and VAT): ..............................

*Based upon the specification attached to this application*

4.5 Are you VAT Registered? YES/NO If yes, provide VAT no. ...............................

Is VAT likely to be recoverable or zero-rated? YES/NO

If yes, please give details: .....................................................................................

Estimated VAT associated with the project cost that *cannot* be reclaimed and is eligible for grant (excluding fees) ..............................

4.7 I confirm that I have the match funding to enable this project to go ahead and that I have attached proof (a bank statement / loan agreement for eg) to this application. **YES / NO**

*Proof that match funding is available to the scheme will be required before a grant offer can be made.*

4.8 Grant request breakdown

|  |  |
| --- | --- |
|  | *Cost* |
| Works Eligible for Grant |  |
| Professional Fees (If any) |  |
| Eligible VAT |  |
| **TOTAL** |  |

*The Cathedral Quarter Project Officer will assess the figures submitted and work out a grant offer based on 75% of the eligible costs to a maximum offer of £4,000.*

**5. PERMISSIONS**

Is the property listed YES / NO If yes please give the grade of listing (II, II\*,I)…………………

Please confirm that you have all statutory consents in place for your proposed scheme where the proposed works cannot be considered as like for like repairs.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of consent | ✓ | Date applied for | Date awarded / expected |
| Planning Permission |  |  |  |
| Listed Building Consent |  |  |  |
| Conservation Area Consent |  |  |  |
| Other |  |  |  |

**7. CHECKLIST**

**Please make sure you have completed the form in full and have ticked the boxes below to confirm that you have enclosed the following items with your application.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Information required*** | **✓** | ***Information required*** | **✓** |
| Specification of works (2 copies) |  | Summary of quotes received |  |
| Photographs of the building |  | Building insurance (copy) |  |
| Proof of ownership |  | Contractors insurance (copy) |  |
| Proof of match funding |  | Statutory consents eg. listed building (copies) |  |

**9. SIGNATURE**

*I/we, the undersigned hereby make this application for a grant in accordance with the terms and conditions of that grant, the agreed eligible purposes as stated in this application form and in the supporting documentation for the above property.*

*I/we, the undersigned understand that any materially misleading information (whether deliberate or accidental) made at any time during the application process could render the application invalid and the applicant liable to return any money already*

*The completed form must be signed here by the applicant at 2.1 above. If the applicant is two or more individuals (e.g. if the property is jointly owned), all should sign. If the applicant is a body, an authorised member of that body should sign and should name his or her post in the body.*

**I/we confirm that the information on this application form and the supporting information enclosed is true and complete to the best of my/our knowledge.**

Signature(s) ...........................................................................................................…………..

Name (s) .............................................................................................................................

Post (s) held (For bodies only): ..................................................... Date: ............................

