

**CENTRAL BUSINESS DISTRICT
ACCESSIBILITY IMPROVEMENT GRANT PROGRAM
City of Saint Peter**

Application

Building Owner: _____

Address: _____

Saint Peter, MN 56082

Tenant: _____

Product / Service: _____

Proposed Alteration: _____

**Daily Customer
Count (estimate):** _____ persons

**Additional
Submittals:**

1. Building Plans / Project Specifications.
2. Photos of existing entry, door or access subject to renovation.
3. Quotes from at least 2 licensed contractors itemizing construction costs.

**Requested
Funds:** \$ _____ (*\$25,000 maximum*)

**HPC Review
Required:** Yes / No *If yes, date of approval:* _____

Applications Due: 4:30 p.m., Friday, February 26, 2021
227 South Front Street
Saint Peter, MN 56082