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| A black circle with white text  Description automatically generated**Zetland Road Heritage Scheme****Description Of Works Form** |

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| **Before this form is completed please ensure that: -**You have read the guidelines of the scheme. Please return your completed form to:Amy MeadowsPlace Development and Investment TeamRedcar & Cleveland HouseKirkleatham StreetRedcarYorkshireTS10 1RTTelephone Number. 07870158399Email: amy.meadows@redcar-cleveland.gov.uk |

**1. BASIC DETAILS**

|  |  |
| --- | --- |
| 1.1 Business Name |  |
| Address: |  |
| Postcode: |  |

**2. APPLICANT DETAILS**

|  |  |
| --- | --- |
| 2.1 Name of Applicant: |  |
| **Preferred correspondence address (if different from address given in) 1.1:** |  |
| **Post Code:** |  |
| **Phone Number:** |  |
| **Email address:** |  |
| **Applicant Status:**Please state whether you are the owner or the tenant. If neither please state your interest in the property. **If you are the tenant, you will need your landlord’s permission to carry out the works.** |  |

**3. PROJECT DETAILS**

|  |  |
| --- | --- |
| 3.1 Project Theme (Select all that apply): | Full shop facades (including windows and doors) [ ] External upper floor renovations (including windows) [ ] External facade decoration [ ] Removal of shutters or uplift work if shutters cannot be removed [ ]  |
| **Project Description:Please provide a description of your project detailing precisely what the grant will be spent on.** |  |
| **Match Contribution:Please confirm that you have read and understand the guidelines regarding match funding (please see attached guidelines document).** | Yes [ ] No [ ]  |

**4. FUNDING**

|  |  |
| --- | --- |
| 4.1 Grant support required:The amount of support that you require from the scheme - any award will not exceed £30,000 per property. |  |

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| **4.2 Are you aware of any business rate arrears connected to the property within this application?If Yes please give details.** |
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| **4.3 Are you aware of any business rate arrears elsewhere within Redcar & Cleveland?****If Yes please give details.** |
|  |

1. **SIGN OFF**

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |

**For Office use:**

Planning Permission required:

Yes [ ]

****No [ ]