



Build IT 2025 Grant Application
Town of Wytheville
Building Department
150 East Monroe Street
P.O. Box 533
Town of Wytheville
276-223-3354



Applicant:	Property Owner:
Email:	Tax Map Number:
Phone:	Site Address:
Is this a single-family home or multi-unit site?	If multi-unit indicate the number of units here.
Is this a new construction or a rehab project?	If rehab project, the Building Official must initial here that it meets the program requirements.

Indicate the appropriate response with an X.	YES	NO	Staff Use
Have you read the grant program guidelines, and do you understand the terms of this grant application and grant agreement?			
Do you have zoning approval? If so, zoning approval or Zoning Permit must be attached to this grant application. Attach any zoning receipts.			
Do you have a building permit? If so, Building Permit and permit receipts must be attached to this application.			
Did your project require a Town of Wytheville water connection, and did you pay a water connection fee? If so, water connection payment receipt must be attached to this application. Water meter costs are not eligible.			
Did your project require a Town of Wytheville sewer connection, and did you pay a sewer connection fee? If so, sewer connection payment receipt must be attached to this application.			
Did your project require any other type of development permit or fee by the Town of Wytheville? If so, attach the permit and receipt to this application.			
Does this project require separate reimbursement checks to multiple persons? For example, if more than one person paid for permits or connections for this project?			

Please sign if you agree: *By signing this application and grant agreement, I understand that this is a reimbursement grant and that I am responsible for paying permit fees and connection fees at the time that I apply for and receive permits/connections. I understand that the project must be complete and receive a Certificate of Occupancy by May 15th, 2025, to be eligible for the reimbursement amount.*

Signed by _____

Date _____

Printed Name _____

Date _____