



# 2018 Downtown Streetscape and Safety Improvement Program Application

## (Right of Way, Façade, Alley & Security)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner (if different) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### PROJECT INFORMATION

Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Current Assessed Property Value: \_\_\_\_\_ Proposed Investment: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Sq. Ft Land/Improvements: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Describe Your Project:

Have you received a grant from TIRZ #3 or the DMD before? \_\_\_\_\_

### SCOPE OF WORK

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Awning                          | <input type="checkbox"/> Exterior Lighting   | <input type="checkbox"/> Sidewalk Café Improvements     |
| <input type="checkbox"/> Concrete Work / Sidewalk Repair | <input type="checkbox"/> Exterior Paint      | <input type="checkbox"/> Signage                        |
| <input type="checkbox"/> Design & Permit Fees            | <input type="checkbox"/> Landscaping         | <input type="checkbox"/> Surveillance Cameras & Systems |
| <input type="checkbox"/> Door Replacement                | <input type="checkbox"/> Mural               | <input type="checkbox"/> Window Replacement & Repair    |
| <input type="checkbox"/> Exterior Cleaning               | <input type="checkbox"/> Removal of Finishes |   |

**REQUIRED ATTACHMENTS:**

- Completed Application
- Photos of Property & Project Site
- Project Rendering, Specifications and Drawings of Storefront
- Accurate Color Samples of Materials, Fixtures, Awning, Paint, Etc.
- Lighting Plan (illustrating Pedestrian Safety & Nocturnal Architecture Elements)
- Project Budget
- Estimates from 2 Qualified Contractors
- Statement of Financing & Loan Terms
- Documentation that Taxes & DMD Levy are current.
- Summary of Partners, Professional Consultants and Experience of Team
- W-9 for Payee (*Can be deferred, but must be provided prior to execution of Contract*)

**CERTIFICATION**

I hereby certify that I am authorized to sign the incentive application and the information contained in the application is true and correct to the best of my knowledge. I also understand and certify that I have read the policy guidelines for each policy in which I am applying for and am familiar with the provisions contained therein.

I hereby warrant that all construction will be accordance with the City of Corpus Christi Building Codes; work will not commence on items eligible for reimbursement until this application has been submitted to and an agreement approved by the Board of Directors of the Zone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The application must be complete and submitted for consideration prior to application for a building permit or the issuance of a certificate of occupancy, whichever comes first. Upon receipt of this application, the City of Corpus Christi may require additional financial and other information as necessary for evaluating the project. For more information or questions please call Alyssa M. Barrera Executive Director, Downtown Management District at (361) 882-2363. Incomplete applications will not be accepted. **Official submittal must be emailed to [Alyssa@cctexasdmd.com](mailto:Alyssa@cctexasdmd.com) as a single PDF document.**

**For Internal Use Only:**

Received by DMD Office: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed Attachments:

Project Manager Assigned: \_\_\_\_\_