



2018 Downtown Off Street Parking Improvement Program Application

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: _____
Number of Parking Spaces: _____ Proposed: _____
When was the last time you made improvements to this lot or garage? _____
Describe Your Project:

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

SCOPE OF WORK

- ☐ Asphalt Repair
- ☐ Concrete Work / Sidewalk Repair
- ☐ Controlled Access Equipment
- ☐ Design & Permit Fees
- ☐ Gate (No Chain Link, Must be Wrought Iron or Wooden)
- ☐ Lighting
- ☐ Landscaping
- ☐ Paint
- ☐ Payment Machinery
- ☐ Signs (repairs, replacement)

REQUIRED ATTACHMENTS:

- ☐ Completed Application
- ☐ Photos of Property & Project Site
- ☐ Project Rendering, Specifications and Drawings of Lot or Garage Modifications
- ☐ Accurate Color Samples of Materials
- ☐ Lighting Plan
- ☐ 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 as a single PDF document.**

For Internal Use Only:

Received by DMD Office: _____ Date: _____

Confirmed Attachments:

Project Manager Assigned: _____