

Tax Increment Reinvestment Zone #3 Application for Incentives

Applicant Name: _____ Date: _____

Phone: _____ Email: _____

Check Programs Applicant is Requesting:

- Chaparral St. Property Improvement Program
- Downtown Living Initiative Grant
- New Commercial Tenant Finish Out Program
- Development Agreement (Choose Qualified Expense Below):
 - Public Improvements/Utilities*
 - Preferred Urban Design/Landscaping*
 - Structured Parking*
 - Historic Preservation/Rehab*
 - Environmental Remediation/ Code Compliance*
 - Residential Development over 100 Units*

Address of Property: _____

Legal Description: _____

Real _____ Property _____ Account _____ #: _____

Existing Property Use: _____

Title/Contract _____ Holder _____ (if _____ Different _____ from Applicant): _____

Title/Contract Holder Address: _____

Phone: _____ Email: _____

Project Information:

- New Structure (Undeveloped)
- New Structure (Demo of Existing)
- Renovation/Historic Rehab
- Conversion

Proposed Occupancy: Owner-Occupied Rental

Property Needs: Re-Zoning Re-Platting Infrastructure Connections

Brief Project Description:

Current Property Value: _____ Proposed Investment: _____

Estimated Start Date: _____ Completion Date: _____

Required Attachments:

- (A) Project Plans, Specifications and Drawings
- (B) Pro-Forma and Financing (Sources and Uses of Funding)
- (C) Summary of Partners, Professional Consultants and Experience of Team

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; that 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. To the best of my knowledge, no member of the Board of Directors or employee of the Downtown Management District or City of Corpus Christi would have any financial interest, direct or indirect, in any assistance which may provide to the applicant (or any of its affiliates) for the project described herein.

Signature: _____ Date: _____

The application must be complete and returned for consideration prior to the submission of an 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 shall require such financial and other information as may be deemed appropriate for evaluating the financial capacity and other factors of the applicant. For more information or questions please call Alyssa Barrera, Business Liaison for the City

<p>For Internal Use Only:</p> <p>Received by City Manager’s Office: _____ Date: _____</p> <p>Received by DMD: _____ Date: _____</p> <p>Reviewed by CCREDC: _____ Date: _____</p> <p>Project Manager Assigned: _____</p>
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Manager’s Office at (361) 826-3356.

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