

Tax Increment Reinvestment Zone #3- Downtown 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 Elements 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

Project Title: _____

Brief Project Description (3+ Sentence Overview):

Current Assessed Property Value: _____ Proposed Investment: _____

Purchase Price & Date: _____ Sq. Ft Land/Improvements: _____

Estimated Start Date: _____ Completion Date: _____

Checklist of Required Attachments:

- (A) Completed Application
- (B) Project Overview
 1. Rendering & Concept (Inspirational) Images
 2. Site Plan / Floor Plan
 3. Scope of Work (List & Timeline)
For Development Agreement Program, Explicitly Identify Qualified Elements
 4. Lighting Plan (illustrating Pedestrian Safety & Nocturnal Architecture Elements)
- (C) Construction Pro-Forma (Sources and Uses of Funding) & Operating Cash Flow (5 Year)
- (D) Property Purchase or Lease Agreement
- (E) Statement of Financing & Loan Terms
- (F) Summary of Partners, Professional Consultants & Experience of Team
- (G) 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 in 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.** To the best of my knowledge, no member of the Board or employee of the CCDMD or City of Corpus Christi would have any financial interest, direct or indirect, in any assistance provided for this project.

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, additional financial and other information may be required as necessary for evaluating the project. For more information or questions please call Jason Alaniz, Real Estate and Main Street Manager, Downtown Management District at (361) 882-2363. Incomplete applications will not be accepted. **Official submittal must be emailed to jason@cctexasdmd.com as a single PDF document.**

For Internal Use Only:

Received by Downtown Management District: _____ Date: _____

Project Manager Assigned: _____