

**Pinellas County Planning
Lealman Community Redevelopment Area
Non-Residential Matching Grant Application**



PURPOSE OF GRANT: _____
 (Check applicable) _____

I. APPLICANT

Name: _____
 Address: _____
 _____ Zip: _____
 Email: _____ Contact Number: _____

II. OWNER OF PROPERTY (if not applicant)

Name: _____
 Address: _____
 _____ Zip: _____
 Email: _____ Contact Number: _____

III. BUILDING/BUSINESS TO BE IMPROVED (PROJECT SITE)

Name: _____
 Address: _____
 Use of Property: _____
 Parcel Number: _____ - _____ - _____ - _____ - _____ - _____
 Is this a corner lot? Yes No
 Zoning District (If Known): _____ Land Use District (If Known): _____
 Has the building(s) on your site been checked for:
 Lead-based paint? Yes No Asbestos? Yes No
 If yes, please provide details of finding: _____

 When was the oldest portion of the structure built? _____
 Estimated date of project completion: _____

IV. PROJECT PROPOSAL

(BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS – List each type of work separately)

- 1. _____
- 2. _____
- 3. _____

V. ESTIMATED COST OF WORK FROM BIDS RECEIVED

(Applicant may make multiple copies of this page if more than one type of work is being performed. List each type of work separately under item IV and enter the required bids below.)

Improvement 1

Bid 1:

Company Name: _____
Contact Name: _____
Bid Amount: _____

Bid 2:

Company Name: _____
Contact Name: _____
Bid Amount: _____

Improvement 2

Bid 1:

Company Name: _____
Contact Name: _____
Bid Amount: _____

Bid 2:

Company Name: _____
Contact Name: _____
Bid Amount: _____

Improvement 3

Bid 1:

Company Name: _____
Contact Name: _____
Bid Amount: _____

Bid 2:

Company Name: _____
Contact Name: _____
Bid Amount: _____

VI. PROJECT BUDGET/PROGRAM MATCH

List the total cost estimate for all qualifying work being performed.

Cost: _____ Program Match: _____

VII. ATTACHMENTS

- 1. Attach photo(s) of the structure to be improved or demolished.
- 2. Attach a site plan or sketch of the proposed improvement(s).
- 3. Attach either an architect’s estimate of project costs or two competitive contractor’s bids.
- 4. Asbestos survey (if applicable for demolition)

VIII. AFFIDAVIT

I (we), the undersigned, attest to my (our) ownership of the property located at _____ and hereby authorize _____ to act as my (our) agent for the limited and express purpose of participating in the Pinellas County, Community Redevelopment Agency Non-Residential Grant Program. I (we) have reviewed and approve of the alterations to be made on the property as proposed in this application.

Property Owner Date

Property Owner Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public

Notary Public

I swear that the information contained in this application is, to the best of my knowledge, true and complete. I further acknowledge and agree to abide by the terms and conditions of this program as presented in the program description.

Applicant Signature

Date

SUBMIT COMPLETE APPLICATIONS TO:

Pinellas County Planning Dept.
Attn: Redevelopment Section - CRA Programs
310 Court Street
Clearwater, FL 33755

For more program information please contact:
Ryan Brinson 727.464.8200