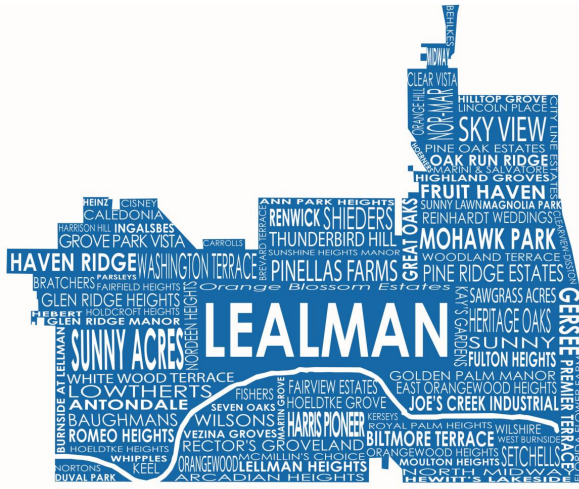


**Pinellas County Planning
Lealman Community Redevelopment Area
Residential Grant Application**



PURPOSE OF GRANT: Building Improvement
(Check applicable)
Demolition

I. APPLICANT

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

II. OWNER OF PROPERTY (if not applicant)

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

III. RESIDENCE TO BE IMPROVED (PROJECT SITE)

Name: _____
 Address: _____

Parcel Number: _____ - _____ - _____ - _____ - _____ - _____

Is this a corner lot? Yes No

Zoning District (If Known): _____ Land Use District (If Known): _____

Has the structure 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

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

Cost: _____

VII. ATTACHMENTS

- 1. Attach photo(s) of the site or 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.

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 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