

Application for Participation in the City of Peoria's Old Town Commercial Revitalization Program

This form must be completed and submitted to the Economic Development Services Department (EDS), attention Amber Costa, by owners of eligible properties located in an established Program target area who desire to participate in the City of Peoria's Old Town Commercial Revitalization Program. Please refer to the Commercial Revitalization Program Guidelines for a map of all eligible Target Areas. A person, corporation, association or other public or private legal entity holding fee simple title to any commercial real property that is located in the eligible Program target area may apply for Program benefits. Tenants must obtain the consent of their property owners in writing in order to participate in the Program (please attach the written consent of the property owner if a tenant submission). Also, please attach a current title report evidencing the condition of title to the property as of the date of Program application. The application may be made directly by the property owner or by an agent authorized in writing to act on behalf of the property owner. If the real property is under joint ownership, the application must be submitted on behalf of or with the authorization of all of the owners of the real property.

Date _____

Property Address _____

Property Tax Assessor Parcel Number _____

1. Property Owner Name _____

Legal name of entity to which Agreement entered into with City

2. Property Owner Mailing Address

Street Address

City/Town State Zip

3. Owner Phone Number _____

4. Owner Email _____ Fax # _____

5. What business(es) occupies the property(ies) included in this request?

6. What type of business is it? _____

7. What year was the property improved and building(s) built? (Estimate if not sure)

8. Is the property on the local or national historic register? Yes____ No____

9. If yes to 8, have restrictions been placed on changing the façade based on this designation? Yes____ No____

10. Please attach a copy of your current property insurance policy evidencing sufficient insurance coverage for the property to which an improvement is being requested.

11. Please attach a detailed narrative of the proposed project for which City assistance is requested (City matching funds provided are only in the form of reimbursement up to 50% of eligible costs for eligible improvements, as determined by the City). The narrative should fully describe:

- A project overview and scope of work
- Nature of proposed improvements
- A summary table showing all improvements proposed and costs separating the property owner's funded improvements and City eligible improvements with a total cost for the project
- A project financing sources and uses table showing all available property owner's funds for their 50% share of the costs and the use of those funds, as well as the requested City 50% share of the costs and the use of those funds
- Include renderings of the proposed façade designs, parking lot improvement plans and other materials that will assist the City in understanding the full scope and benefit of the project
- Discuss whether the project includes the demolition of buildings or improvements, land acquisition, parcel assemblage, property disposition, or other eligible activities

12. Total number of new FTE jobs brought to Peoria AZ _____ Year 1 _____ Year 3

13. Average salaries of new jobs _____ Year 1 _____ Year 3

14. Total number of existing jobs (if expansion) _____ Year 1 _____ Year 3

15. Average salaries of existing jobs _____

16. Total payroll of all jobs _____ Year 1 _____ Year 3

17. Average education levels of new jobs (circle one):
 2-Year Post Secondary 4-Year Bachelors Graduate Degrees
18. Percentage of benefits paid by employer for all jobs
19. Total real and personal property for tax purposes _____
20. Anticipated direct sales tax generated at 1% of taxable sales _____
21. Other revenues (est.annual): Occupancy taxes _____ Utility revenues _____
22. City infrastructure construction required _____
23. Projected total annual operating budget for facility _____
24. Total capital expenditures from the property owner for the project _____

By signing this application the undersigned acknowledges and agrees that the City of Peoria, in its sole and absolute discretion, will determine Program eligibility and the nature of participation the City will provide towards a revitalization project in its entirety, and work with the Property Owner to finalize all design concepts insofar as those concepts are structurally sound, appropriately relate to the overarching design program of the City, and are reasonable. The City of Peoria will also communicate any issues that might develop during construction with the Property Owner and make every effort to reach a solution to complete the project in a timely and efficient way. The City also will not be bound to a timeline for the project other than the one that is developed by the Contractor and agreed to by the City in writing.

By signing this application, the Property Owner(s) acknowledges receiving a copy of the Program Guidelines and the Commercial Revitalization Agreement. The applicant must execute the Commercial Revitalization Agreement as a condition to participating in the Program. Property owner(s) acknowledge and agree to obtain all required city approvals, including design and use approvals, as needed, from the city, as well as all permits for construction, demolition, or other covered activities requiring a permit of the city.

Reimbursement under this Program is subject to the property owner(s) submitting a request for reimbursement package to the city, containing the items below, following the execution of a Commercial Revitalization Agreement:

- Copies of city permits obtained for the scope of work contained in the agreement
- Proof of passing city building, fire and other inspections for the work items reimbursement is being requested
- Exhibits showing the work items completed pursuant to the approved scope of work contained in the Agreement
- Evidence that the property owner has paid the cost of the work for which reimbursement is being requested

The information contained in this statement is true and accurate. (Incorrect or misleading information may disqualify the project.)

_____ Date _____
Property Owner (required)

Received by City of Peoria _____ Date _____

To Be Completed by City Staff:

Date Application Deemed Complete: _____

Date Application Deemed Eligible Under the Program: _____

Signature of Eligibility Officer: _____

Signature of EDS Director: _____