



APPLICATION

CITY OF TITUSVILLE COMMUNITY REDEVELOPMENT AGENCY DOWNTOWN COMMERCIAL INTERIOR BUILDING RENOVATION GRANT PROGRAM

I. APPLICANT AND PROPERTY INFORMATION

Date of Application: _____

Name of Applicant: _____

Name of Business: _____

Project/Business Building Address: _____

Telephone Number: _____ Cell Number: _____

E-mail Address: _____

Proposed Use of Improved Building Space: _____

Parcel ID Number: _____

Are there any liens or existing Code violations on the property? ____ Yes ____ No

If yes, briefly explain (attach additional pages if needed): _____

II. PROPERTY OWNER INFORMATION (if different from Applicant)

Name of Property Owner: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Business Address: _____

III. PROJECT FINANCING INFORMATION

Total Project Cost: \$_____

Attach at least two bids from a licensed contractor

Bid One

Contractor Name: _____ Bid Amount: \$_____

Bid Two

Contractor Name: _____ Bid Amount: \$_____

Amount of Grant Funds Requested: \$_____

(The applicant must provide proof of available funding for the full project cost. The City of Titusville will reimburse 50% of the project cost as grant funds. Applicant may elect to choose a contractor other than the lowest qualified bid but shall be responsible for all costs exceeding the lowest qualified bid. The maximum grant amount is \$50,000. Up to an additional \$50,000 of grant funding may be received for mixed use projects that include non-residential uses and residential living units.)

For projects valued at \$5,000 or less, the City of Titusville will reimburse 60% of the project cost as grant funds.

How will the applicant's portion of the project be financed?

(Verification of funding sources will be required before final approval of the grant application.) (Attach additional sheets if necessary)

IV. PROJECT SUMMARY

Scope of Work – Check all that apply for the proposed renovation:

- ☐ Improvements to meet requirements of the Americans with Disabilities Act (ADA)
- ☐ Improvements to meet the requirements of the Florida Fire Protection Code
- ☐ Improvements to meet the requirements of the Florida Building Code including:
 - ☐ Electrical improvements to meet Code
 - ☐ Plumbing improvements to meet Code (including interior grease trap and exterior grease interceptor)
 - ☐ HVAC system improvements to meet Code
 - ☐ Structural improvements to meet Code

Project Description

Please provide a summary of the proposed project and how the requested funds will be used. Be specific in describing the nature of the project and address the improvements that will be made to bring the building space up to Code and the timetable for completing the proposed improvements. Attach additional pages if necessary. Note: A site visit with the applicant and City Staff may be necessary to understand the scope and nature of the project.

BUILDING DIVISION REVIEW – NOTE: This section must be reviewed by the City of Titusville Building Division:

Are the proposed renovation improvements necessary to bring the building space use up to current Building, Fire and/or ADA Code requirements: Yes _____ No _____

If yes, what permits will be required? _____

Building Official/Reviewer and Date: _____

IV. ADDITIONAL SUBMISSIONS (required)

1. Provide color photographs (minimum of 4 inch X 6 inch in size) of the existing interior building condition with emphasis on the area to be improved to meet code requirements.
2. Two bids from a licensed contractor detailing the following:
 - a. Description of the proposed construction procedure and materials to be used.
 - b. Itemized cost estimate of the project.
3. Proof of property ownership (deed) or, if a tenant, a copy of the lease.
4. Tenants must provide written documentation verifying the property owner approves the proposed improvements and will sign the grant agreement.
5. A Title Search showing that the property is free from any judgement liens, and all mortgage and tax obligations are current and that the lending institutions will provide updated information upon request by the Community Redevelopment Agency.
6. Documentation indicating that all property tax payments are current.
7. Proof of property insurance.

V. CERTIFICATION

Please read the following and sign below. **All owners, authorized corporate officers, or partners must sign this application.**

The information contained in this application is accurate to the best of my knowledge. I understand that personal, business and/or property information may be requested pursuant to this application and hereby give consent for such information to be provided. I further understand that the CRA retains the sole decision as to whether this grant application is approved, disapproved, or modified and that no work shall begin until after a Grant Agreement has been executed between the Community Redevelopment Agency and me.

I agree to accept future maintenance and other associated costs occurring after the completion of the project for not less than five years.

Applicant's Name (print)

Property Owner's Name (print)

Signature

Signature

Date

Date