

Brownfield Application



Date of Application: _____

Basic Business Information

1) Project Name: _____

2) Developer Name: _____

3) Project Location: _____

4) Business Address: _____

5) Business Phone Number: _____

6) Contact person(s) :

Phone: _____

Email: _____

7) Type of Eligible Property: _____

8) Nature and History of Business: _____

9) Subject Project Description:

10) Similar projects (if applicable): _____

11) Key project contacts: _____

Bank/financing: _____

Attorney: _____

Accountant: _____

Other: _____

Proposed Site Information

12) Address(s): _____

13) Tax ID: _____

14) Present Owners(s):

15) How the land is owned (lease, option, owner, etc.):

16) Is project in compliance with local zoning and land use requirement:

17) Describe processes undertaken to confirm compliance:

18) Currently known environmental issues:

19) Is applicant liable for environmental issues: _____

20) Is access to proposed site permitted: _____

21) Project Type: _____

22) Project Description (Business plan if available)

23) Project Size

Parcel Size in Acres: _____

Existing building area in square feet: _____

New Building area in square feet: _____

24) Proposed Timeline:

Start Date: _____

Completion Date: _____

25) Does the project address sustainability features, creation of greenspace, energy conservation measures, or other unique environmental factors:

26) Status of developmental permits and application:

Tax Base Information

27) Total investment anticipated: (Attach proposals if available):

28) Summary of Necessary Eligible Activities for which potential support is sought:

Phase I ESA	Phase II ESA
BEA	Due Care
Clean-up Planning	Clean-up Activities
Other	

Please Describe:

29) Estimated Eligible Investment: _____

30) Total Estimated Cost for Reimbursement: _____

31) Eligible Activities Reimbursable Cost: _____

32) Initial Taxable Value: _____

33) Duration of Capture: _____

34) Start Date: _____

35) City Council Approved: _____

36) Brownfield Authority Approved: _____

37) Plan Abolishment Approved by Council: _____

38) Plan Abolishment Approved by Author: _____

39) Estimate taxable value after completion: _____

Employment Information

40) Full time Equivalent Employees:

Retained: _____

Created: _____

I certify that the foregoing material within this document is true

Signature: _____

Date: _____

Required Attachments