



Commercial Property Revitalization Grant Application

Address of property: _____

Owner(s) of property: _____

Owner mailing address: _____

Phone number: _____ Email: _____

County Tract Description: _____

Current county assessed value: \$ _____

Is this property currently:

- Occupied by property owner's business Vacant, or not used commercially
- Occupied by renter's business _____ Other use: _____

Describe the proposed project and timeline. Describe the use of the property after this project is completed, how this will retain or attract business and contribute to local economic growth.

What is the expected completion date for the proposed project? _____

Projected county assessed value after the project is completed: \$ _____

Name of all contractors or individuals doing the work, including mailing address, email, and phone number:

Describe how liability issues will be handled, if necessary:

Project Budget:

	<i>Property Owner Investment</i>	<i>CPR Grant</i>
Materials & supplies		
Labor		
Equipment		
Other (please specify):		
Totals:		Request:

Owner Signature(s): _____

Printed Name(s): _____

Date: _____

For SCED Office Use Only

____ Completed application

Received: _____

____ Before photos

____ Bid(s)

Inspection Date: _____

____ Property tax receipt

____ Inspection completed