APPLICANT INFORMATION

Applicant Name/Organization: ________________________________
Location of Project: _______________________________________
Main Contact: __________________________ Email: ______________
Primary Phone: ______________ Secondary Phone: ____________
Construction Start (Proposed): __________ Construction Completion (Proposed): __________
Total Investment Costs to Date: ______________________________________
Total Anticipated Investment Cost at Project Completion: ______________
Incentives Requested: __________________________________________

STRATEGIC INVESTMENT ZONE

My organization is applying for a Strategic Investment Zone Incentive for the following area:
_____ South Hartsville Neighborhood      _____ Oakdale Neighborhood

PROJECT INFORMATION

1. Please describe in detail the proposed improvements covering all categories of grant incentives requested (please be specific):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

*Please attach proposed design or drawings of the proposed improvements and any additional narrative.
2. Proposed use of your property after development/redevelopment:

___ Single Family Detached  _____ Single Family Attached  ____ Duplex  ____ Mixed Use

___ Townhouse  ____ Condominium

2. The business is a:

___ Sole Proprietorship  ____ Limited Partnership  ____ Limited Liability  ____ Corporation or Other

3. Official Business Name to be used in Grant Agreement (must match Tax ID Number):

_____________________________________________________________________________________

4. Tax ID Number: _______________________________________________________________

Acknowledgements: I/we the undersigned do hereby acknowledge and/or certify the following:

1. Prior to submission of this application, I, we have reviewed the “Strategic Investment Zone Incentive Program.”
2. That the submission of this Application does not create any property, contract, or other legal rights in any person or entity to receive incentives under the Incentive Program.
3. That if incentives are approved, full compliance will be maintained with all provisions of the “Incentive Agreement” and/or special provisions attached as a part of the incentive, and the failure to do so can be grounds for ineligibility to receive approved incentives.
4. That if incentives are approved, a designee(s) of the City shall have the right to inspect the work in progress, as well as the completed improvements.
5. That the City reserves unto itself its absolute right of discretion in deciding whether or not to approve incentives relative to this application, whether or not such discretion is deemed arbitrary or without basis in fact.
6. That the City, its employees, and or its assigns shall not be liable for any debts incurred in association with the execution of the subject project of this Application.
7. That the information provided in this application has been provided voluntarily, and may be relied on as being true and correct, and that the City may rely on the signatures affixed hereto as if the same had been signed before a Notary Public or other authorized officer permitted by law to administer oaths and to take acknowledgements.
8. That incentives are not guaranteed and are provided at City Council’s discretion on a case-by-case basis upon the Incentive Recipient entering an Incentive Agreement between the City and such person, firm, or corporation.
9. That each Incentive Agreement shall be approved by City Council by Ordinance which requires two readings and a public hearing on the second and final reading.

__________________________________________  ________________________________  ______
Print Applicant Name                        Applicant Signature                  Date

__________________________________________  ________________________________  ______
Print Applicant Name                        Applicant Signature                  Date

SIZ Incentive Program Application