



# Tax Increment Reinvestment Zone #3- Streetscape and Safety Improvement Program Application (Right of Way, Façade, Alley & Security)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Property Owner (if different) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Project Information:

Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Current Assessed Property Value: \_\_\_\_\_ Proposed Investment: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Sq. Ft Land/Improvements: \_\_\_\_\_  
Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Describe Your Project:

Have you received a grant from TIRZ #3 or the DMD before? \_\_\_\_\_

### SCOPE OF WORK

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Awning  | <input type="checkbox"/> Exterior Lighting*            | <input type="checkbox"/> Sidewalk Café Improvements      |
| <input type="checkbox"/> Concrete Work / Sidewalk Repair               | <input type="checkbox"/> Exterior Paint**              | <input type="checkbox"/> Signage                         |
| <input type="checkbox"/> Design & Permit Fees                          | <input type="checkbox"/> Landscaping                   | <input type="checkbox"/> Surveillance Cameras & Systems* |
| <input type="checkbox"/> Door Replacement                              | <input type="checkbox"/> Mural                         | <input type="checkbox"/> Window Replacement & Repair     |
| <input type="checkbox"/> Exterior Cleaning                             | <input type="checkbox"/> Removal of Finishes           | <input type="checkbox"/> Parking Lot Improvements        |
| <input type="checkbox"/> Decorative Fence Installation (No chain-link) | <input type="checkbox"/> Window Displays               |  |
|  | <input type="checkbox"/> Exterior Electrical Amenities |  |

\*Surveillance cameras must be at least 1080p with 10fps and infrared capability of 15+ feet. Surveillance systems must have recording capability. Exterior lighting & surveillance cameras/systems are required.

\*\*Solid black and gray walls are not eligible.

## Checklist of Required Attachments: *(Incomplete Applications Will Not Be Considered)*

- Project Scope & Timeline
- Photos of Property & Project Site
- Project Rendering, Specifications and Drawings of Storefront
  - Proper Signage and Design Concept
  - Accurate Color Samples of Materials, Fixtures, Awning, Paint, Etc.
  - Lighting Plan if Levels Below .5 Foot Candles (Aerial & Rendering)
- Project Sources and Uses of Funding (Including 2 Construction Estimates)
- Statement of Financing & Loan Terms
- Summary of Partners, Professional Consultants and Experience of Team
- W-9 for Payee *(Must be the W-9 for the applicant)*

## CERTIFICATION

I hereby certify that I am authorized to sign the incentive application and the information contained in the application is true and correct to the best of my knowledge. I also understand and certify that I have read the policy guidelines for each policy in which I am applying for and am familiar with the provisions contained therein.

**I hereby warrant that all construction, improvements, or any work will be accordance with the City of Corpus Christi Building Codes; work will not commence on items eligible for reimbursement until this application has been submitted to AND an agreement approved and executed by DMD Staff or the Board of Directors of the Zone.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The application must be complete and submitted for consideration prior to application for a building permit or the issuance of a certificate of occupancy, whichever comes first. Upon receipt of this application, the City of Corpus Christi may require additional financial and other information as necessary for evaluating the project. For more information or questions please call Jason Alaniz, Economic Development Manager, Downtown Management District at (361) 882-2363. Incomplete applications will not be accepted. **Official submittal must be emailed to [christa@cctexasdmd.com](mailto:christa@cctexasdmd.com) as a single PDF document.**

**For Internal Use Only:**

Received by DMD Office: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed Attachments:

Project Manager Assigned: \_\_\_\_\_