



2021 Downtown 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"/> Window Displays | |

*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.

REQUIRED ATTACHMENTS:

- Completed Application
- Photos of Property & Project Site
- Project Rendering, Specifications and Drawings of Storefront
- Accurate Color Samples of Materials, Fixtures, Awning, Paint, Etc.
- Lighting Plan (illustrating Pedestrian Safety & Nocturnal Architecture Elements)
- Project Budget
- Estimates from 2 Qualified Contractors
- 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 jason@cctexasdmd.com as a single PDF document.**

<p>For Internal Use Only:</p> <p>Received by DMD Office: _____ Date: _____</p> <p>Confirmed Attachments:</p> <p>Project Manager Assigned: _____</p>
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