



PROJECT APPLICATION FORM

Applicant Information:

Organization: _____

Contact Person: _____

Name	Phone #
Email	Title

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax () _____ - _____

Tax Status: S01C3 _____ For Profit Corporation/LLC _____
 Religious Organization _____ Government Agency _____

Please describe your organization, its key individuals and experience in developing projects similar to your proposed development:

Property address being considered for redevelopment:

Basic offer details:

Purchase or Lease _____

Purchase Price _____, or

Annual Lease Payments _____



Describe the project you envision for the property:

Sources and uses of funds to complete the project:

(attach a budget if necessary)

How does this request meet one or more of the goals & objectives of the relevant Urban Renewal Plan

(referencing paragraphs from the plan is helpful):

Compliance with City and County services, fees and taxes:

By signing here you certify that you are current with the City and County

Proposed time schedule for the project:

Start Date: / / Estimated Completion: / / _____

Signature of Applicant: _____

Date of Application: / / _____



Return to:

CURA
Attn: Executive Director
815 Quarrier Street, Suite 244
Charleston, WV 25301