

GUIDELINES & APPLICATION

PROJECT APPLICATION FORM

Applicant Information

Organization: _____

Contact Person:

Name

Phone:

Email:

Title

Address

City

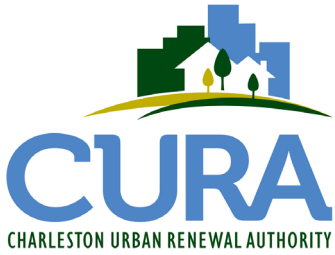
State

Zip

Tax Status: 501C3 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:



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Property address being considered for redevelopment:

Basic offer details: _____

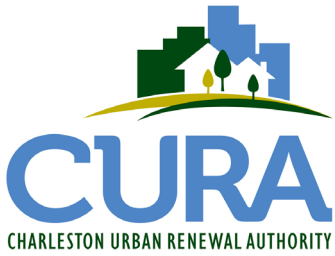
Purchase or Lease: _____

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)



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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 Date: _____ / _____ / _____

Signature of Applicant: _____

Date of Application: _____ / _____ / _____

Return to:

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