

Please send complete applications and attachments to: Dept. of Policy & Redevelopment City of Knoxville 400 Main Street, Suite 655 Knoxville, TN 37902

Version 06/08/2016

#### Dephrof Policy#Redevelopment#Gi ghU]bUV]`]hn.

Application for Development Assistance

\* Please note where supplementary material is required. DATE: **APPLICANT:** Company Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Telephone \_\_\_\_\_\_ Fax \_\_\_\_\_ COMPANY REPRESENTATIVE TO BE CONTACTED: Title \_\_\_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_\_ Fax \_\_\_\_\_ Description of Principle Business NAME AND ADDRESS OF ANY OF THE FOLLOWING INVOLVED IN THE PROJECT: Applicant's Legal Counsel: Name \_\_\_\_\_ Title \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_\_ Fax \_\_\_\_\_

## Deph' of Policy #FYXYj Y cda Ybh#Gi ghU]bUV] ]hm Application for Development Assistance – Continued

Project Engineer:		
Name	Title	
Mailing Address		
City	State	Zip
Telephone	Fax	
Project Architect:		
Name	Title	
Mailing Address	<del>_</del>	
City		
Telephone	Fax	
General Contractor:		
Name	Title	
Mailing Address	<del>_</del>	
City	State	Zip
Telephone	Fax	
PROJECT LOCATION/OWNER	RSHIP:	
Street Address		
* GIS Map. Please attach with gene	eral location of site indicated.	Done Yes No
* Attach a copy of deed (or surveyo	r's description) detailing legal de	scription. Done Yes No
Who owns the property at this time	?	
What is the property's use at this time	ne?	
Is the property located in a current	or proposed City of Knoxville Rec	development Area? Yes No
Is there a Brownfield Agreement or	n the site?	☐Yes ☐No
Is the building historic?		☐Yes ☐No
If yes, please describe the history as	nd recognition	

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PROJECT DESCRIPTION:			
Give a brief description of the intended use for the	his property afte	r the project is co	mpleted
* Description and drawings of existing and prop	osed improveme	ents attached	Done Yes No
Describe parking needs associated with the proje	ect and how need	ls will be met	
Describe location and system for garbage and rec	cycling collection	n	
TAX INFORMATION:	C	, 000 (; 1.1	1 4 1 1
Obtain latest property tax statement from Knox (	-		-
existing tangible personal property). All outstand		ounty taxes must i	be paid in full prior to
development assistance requests being approved			
Tax parcel ID number(s)			
Current assessment(s)			
Current tax bill			У
Estimated assessment after project is complete _			
1 3 1	-		у
Current sales tax generation (if applicable)			
Estimated retail sales after project is complete (if			
Estimated sales tax generation after project is co	mplete (if applic	able)	

Is project located in Central Business Improvement District (sales tax recapture area)?

Yes No

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CAPITAL INVES			
	he complete pro-forma for this project		Done LYes No
Summarize project	costs - land cost, construction estimate	es, professional services	, other soft costs, etc:
Financing plan desc	ription including a statement of source	es and uses of funds:	
Any other informati	on as requested for this project by the	City of Knovvilla	
Any other informati	ion as requested for this project by the	City of Kiloxville.	
CONSTRUCTION	TIMELINE ESTIMATE:		
Start Date:	Month	Year	
	Month	Year	

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PUBLIC BENEFITS:
Number of jobs created: Construction Permanent
Description of permanent jobs created
Estimated pay scale of permanent workforce
Describe how this project will create potential for other development or serve as an economic stimulus:
Describe project's design compatibility with immediate area/neighborhood:
Describe project s design compationity with immediate area neighborhood.
THE TAXABLE PARTY OF TAXABLE PARTY
Will the project be constructed to LEED <sup>TM</sup> or ENERGY STAR $^{\otimes}$ certification standards? $\square$ Yes $\square$ No
Describe environmental or energy-efficiency features of the project:
Describe any public benefits not outlined above:

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ASSISTANCE REQUESTED:
Describe specific actions or financial assistance requested from the City:
Will financial assistance be sought from other agencies, i.e. the County, CBID, etc.?   Yes  No
If yes, describe:
Complete application and attachments should be sent to:
Department of Policy l'Redevelopment''l'Uwrckpcdkrk/{ City of Knoxville 400 Main Street, Suite 655 Knoxville, TN 37902

Questions? Contact Dawn Michelle Foster, Redevelopment Director

Email: dmfoster@knoxvilletn.gov Phone: 865-215-2607

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