

REQUEST FOR ASSISTANCE PRELIMINARY APPLICATION

1. General information:

Business Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Contact Person: _____
Business Form: _____ Corporation _____ Partnership _____ Sole Proprietorship
State of Incorporation or Organization: _____
Years in Business: _____ Years in Business in this state: _____

2. Brief description of the business:

3. Proposed project site:

Location: _____ Present Ownership: _____
Zoning: _____ Rezoning Required: _____
Will property be subdivided? _____ If so, please attach a layout of planned subdivision.
Will variances of the Zoning Ordinance be requested? _____ If so, please list.

4. Estimated Project Costs:

a.	Land Acquisition	\$ _____
b.	Site Development	_____
c.	Building Cost	_____
d.	Equipment	_____
e.	Architectural/Engineering Fees	_____
f.	Legal Fees	_____
g.	Financing Costs	_____
h.	Broker Costs	_____
i.	Contingencies	_____
j.	Other (please specify)	_____

Total: \$ _____

5. **Total Estimated Market Value at completion:** \$ _____

6. **Description of proposed project:** Building square footage, size of property,
description of buildings, materials, etc.

7. **Estimated land preparation or infrastructure costs:**

a.	Land Acquisition	\$ _____
b.	Utilities	_____
c.	Site Work Architectural/ Engineering Fees	_____
d.	Site Work	_____
e.	Legal Fees	_____
f.	Parking Lot/Landscaping	_____
g.	Other (please specify)	_____
	Total	\$ _____

8. **Sources of Financing:**

a.	Equity	\$ _____
b.	Bank Loan	_____
c.	Other (please specify)	_____
d.	Other (please specify)	_____
	Total	\$ _____

9. **Professional services of applicant:**

Architectural Firm/Contact: _____
Address: _____
Telephone #: _____ Fax #: _____

Engineering Firm/Contact: _____
Address: _____
Telephone #: _____ Fax #: _____

General Contractor/Contact: _____
Address: _____

Telephone # _____ Fax #: _____

Attorney Firm/Contact: _____

Address: _____

Telephone # _____ Fax #: _____

Accounting Firm/Contact: _____

Address: _____

Telephone # _____ Fax #: _____

10. Project construction schedule:

a. Construction Start Date: _____

b. Construction Completion Date: _____

If construction will not be completed at year end, what % of construction will be completed by year end?

11. Current and projected employment:

Type	Existing Jobs	Employment Projections		Wage
		First Year	Second Year	
Professional/Managerial	__ FT __ PT	__ FT __ PT	__ FT __ PT	\$ ____ / ____
Technical/Skilled	__ FT __ PT	__ FT __ PT	__ FT __ PT	\$ ____ / ____
Unskilled/Semi-Skilled	__ FT __ PT	__ FT __ PT	__ FT __ PT	\$ ____ / ____

12. Statement of necessity for the use of assistance for the project:

13. Signatures:

I declare that any statement in this application or information provided herein is true and complete in substance and in fact. Also, I authorize this information to be released to the appropriate agencies that may be able to assist in this request.

Name of Business: _____

By: _____ Title: _____ Date: _____