



Main Street Hanford CASp Inspection Grant Application

Applicant name: _____ Cell/home phone number: _____

Business name: _____ Business phone number: _____

Mailing address: _____

Address of property inspected: _____

Owner's name of the submitted property: _____

Owner's address: _____ Phone number: _____

Have you used a certified CASp inspector for this inspection? _____

If yes, who? _____

INVENTORIES

The following check list of materials must be provided along with the application form:

_____ Copy of CASp Inspection results

_____ Copy of CASp Inspection proof of payment

The undersigned applicant affirms that the information submitted herein is true and accurate to the best of my knowledge.

I have read and understand the conditions of the Main Street Hanford CASp Inspection Grant Program and agree to abide by its conditions and guidelines.

Tenant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Business Improvement District boundaries:

