



## PHYSICAL IMPROVEMENT GRANT PROGRAM

### PROGRAM APPLICATION

**Business Name:** \_\_\_\_\_

**Owner's Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Amount of funding requested: \$** \_\_\_\_\_

**Provide a complete written description of the planned improvements and how you believe they will enhance your business district, only submitting a (see attached drawing) is not acceptable:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **Attach an illustration of the project to this application.**

**Will the project require any special permits?**                      **YES**                      **NO**

**Please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☒ **For permit information, please contact Hampton's Central Permit Office at 728-2444.**

**Provide a breakdown of project budget:**

**Total project cost: \$** \_\_\_\_\_ (please complete the project cost breakdown below.)

<u>Expenses</u>	<u>Amount</u>
Design.....	\$ _____
Installation.....	\$ _____
Fabrication.....	\$ _____
Materials/Equipment.....	\$ _____
Other.....	\$ _____

<u>Funding Sources</u>	<u>Amount</u>
Business Owner.....	\$ _____
Coliseum Central.....	\$ _____
Other.....	\$ _____

**Project schedule: (Work should not start until approved in writing)**

- **Estimated Start Date** \_\_\_\_\_
- **Estimated Completion Date** \_\_\_\_\_
- **Project Phasing (if applicable)** \_\_\_\_\_

**If you are not the building or property owner, do you have permission from the building or property owner to make the above described improvements?**      **YES**      **NO**

**Name of Building or Property Owner:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**If NO, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**You may use additional sheets of paper if necessary, to complete the application. You may also attach any additional information about your company or project you think is relevant to this application.**

**Applicant acknowledges the Physical Improvement Committee will review the application and make recommendation to the Board of Directors, which makes the final decision on acceptance or denial of application. Once the Board of Directors renders a decision applicant will be notified in writing.**

**I certify that the above information is correct to the best of my knowledge and that the requested funds will be used only for purposes described in this application or as approved by the City.**

\_\_\_\_\_  
**Name, Title**

\_\_\_\_\_  
**Date**

*All applications must be completed and submitted to Coliseum Central Business Improvement District. Mail, fax or email applications to 4410 E. Claiborne Square, Suite 211; Hampton, VA 23666, FAX, (757) 826-2784. Please contact Raymond Tripp at (757) 826-6351 if you have questions.*