



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 757-728-2444.

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 2101 Executive Dr., Suite 550; Hampton, VA 23666, FAX, (757) 826-2784. Please contact Raymond Tripp at (757) 826-6351 if you have questions.