

Development Opportunity Services DOS PROJECT APPLICATION

1. Applicant

Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. Property physical address (please attach photo of property)

Address: _____

Legal Description: _____

State I.D. Number: _____ R Number: _____

Total Square Footage: Land _____ Building _____

Would you like correspondence sent to the property address or the applicant address?

(Please mark X in appropriate box)

3. Owner of property (if not Applicant)

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

4. If Applicant is not Owner of property, PDC Program requires additional authorization.

Does Applicant have:

Lease: Expiration Date: _____ (Property owner will need to co-sign DOS Application.)

Option: Letter of Consent: (Applicant will need to submit copy of option or letter with application.)

Other: _____

5. What is the current use and zoning of the property? _____

6. Date of purchase & price? Date: _____ **Price: \$** _____

7. How much equity do you have in the property? \$ _____

8. Please write a brief description of the proposed DOS project and your goals:

9. Do you currently own or operate a business at this property?

Yes No If yes, how many people are employed in this business? _____

