

CITY OF TAMPA BROWNFIELDS ASSESSMENT GRANT PROGRAM

Brownfields Assessment Application

The information below is necessary to process a request for funding through the City of Tampa Brownfields Assessment Grant Program (City). Please fill in all the blanks, using "None" or "Not Applicable" where necessary. If more space is needed to answer any specific questions, please attach a separate sheet. A Right of Entry Statment signed by the property owner must accompany the completed Application. Please also attach a copy of the Property Appraiser's Parcel Details & Aerial, and any available regulatory correspondence or reports.

I. SUMMARY

DATE OF APPLICATION: _____

APPLICANT: _____

BUSINESS/AFFILIATION: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

PROPERTY ADDRESS: _____

PRESENT PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

IS PROPERTY UNDER CONTRACT? (Please attach copy of Sales Contract) ☐ Yes ☐ No

NAME AND TYPE OF BUSINESS TO OCCUPY THE PROPERTY OR PLANNED REUSE: _____

TYPE OF ASSESSMENT SUPPORT REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Phase I Environmental Assessment – Funding | <input type="checkbox"/> Phase II Environmental Assessment – Funding |
| <input type="checkbox"/> Quality Assurance Project Plan (QAPP) – Funding | <input type="checkbox"/> Reuse Planning |
| <input type="checkbox"/> Remedial Planning | <input type="checkbox"/> All of the above, if necessary – Funding |

(City of Tampa Staff Use Only)

RECOMMENDED BY: ☐ Central Park ☐ Drew Park ☐ East Tampa ☐ Tampa Heights

☐ Other: _____

DATE ACTION TAKEN BY STAFF: _____

DECISION (ACTION): ☐ APPROVED ☐ DECLINED ☐ CONDITIONAL

REASON FOR DENIAL OR SUBJECT TO FOLLOWING CONDITIONS (DESCRIBE IN DETAIL): _____

CITY STAFF SIGNATURE: _____ DATE: _____

Application Number: _____
Applicant Name: _____
Property Address: _____

II. PROPOSED ASSESSMENT SITE CHARACTERISTICS

LOCATION: ☐ Central Park ☐ Drew Park ☐ East Tampa ☐ Tampa Heights
☐ Other: _____

STREET ADDRESS OF PROPERTY TO BE ASSESSED: _____

PARCEL NUMBER(S): _____

PARCEL SIZE (ACRES): _____ EXISTING BUILDING SIZE (SQ.FT.): _____

PROPOSED BUILDING SIZE AFTER EXPANSION OR CONSTRUCTION (SQ.FT.): _____

ESTIMATED/APPRaised VALUE: \$ _____

DOES THE APPLICANT PLAN TO ACQUIRE THIS SITE? ☐ Yes ☐ No ☐ Third Party Acquisition

IF THIRD PARTY ACQUISITION, NAME OF THIRD PARTY: _____

IS A BUSINESS CURRENTLY OPERATED IN THIS FACILITY? ☐ Yes ☐ No

IF YES, WHO OPERATES THE BUSINESS? _____

CURRENT BUSINESS/PROJECT ACTIVITY: _____

POTENTIAL CONTAMINATION SOURCES: _____

CONFIRMED CONTAMINATION SOURCES: _____

PERCEIVED CONTAMINATION SOURCES: _____

ELIGIBLE FOR STATE PETROLEUM PROGRAMS: ☐ Yes ☐ No ☐ Unknown

ELIGIBLE FOR STATE DRY CLEANING PROGRAMS: ☐ Yes ☐ No ☐ Unknown

ASSESSMENT/OR REMEDIATION DOCUMENTATION ATTACHED: ☐ Yes ☐ No

IS THIS SITE CURRENTLY INVOLVED IN A CONSENT ORDER OR OTHER ENFORCEMENT ACTION WITH THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION OR U.S. ENVIRONMENTAL PROTECTION AGENCY?

☐ Yes ☐ No ☐ Unknown

Application Number: _____
Applicant Name: _____
Property Address: _____

III. PROPOSED END USER INFORMATION

PROPOSED END-USER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

PROPOSED BUSINESS/PROJECT ACTIVITY: _____

NAME OF BUSINESS: _____

DATE BUSINESS ESTABLISHED: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

FORM OF OWNERSHIP: ☐ Sole Proprietorship – Social Security Number _____
☐ Partnership ☐ Corporation ☐ Sub-Chapter S ☐ Other _____

NAME OF PRINCIPAL OR CEO: _____

PRIMARY BUSINESS ACTIVITIES: _____

NUMBER OF JOBS CURRENTLY ON PAYROLL IN FLORIDA: _____

GENERAL COUNSEL TO END USER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

CHIEF FINANCIAL OFFICER OR ACCOUNTANT TO END USER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

FEDERAL EMPLOYER TAX I.D. #: _____ -OR- SALES TAX REGISTRATION #: _____

DESCRIBE PROPOSED REVITALIZATION PROJECT (Check all appropriate items):

- | | | |
|--|---|--|
| <input type="checkbox"/> Exterior building rehab | <input type="checkbox"/> Acquisition of real estate | <input type="checkbox"/> Bringing new business to target area |
| <input type="checkbox"/> Building construction | <input type="checkbox"/> Expansion of existing business | <input type="checkbox"/> Creation of additional jobs (#) _____ |
| <input type="checkbox"/> Interior renovation | <input type="checkbox"/> Public Improvement (describe): _____ | |

Application Number: _____
Applicant Name: _____
Property Address: _____

IV. PROJECT BENEFITS/IMPACTS

IDENTIFY ANY ADDITIONAL INDUSTRY/BUSINESS DEVELOPMENT THAT IS ANTICIPATED AS A RESULT OF THIS RELOCATION/EXPANSION. _____

WILL LOCAL CONTRACTORS BE USED FOR PROPOSED DEVELOPMENT? ☐ Yes ☐ No

IF YES, IN WHAT CAPACITY? _____

NUMBER OF NEW JOBS EXPECTED WITHIN 2 YEARS: _____

NUMBER OF NEW JOBS EXPECTED OVER NEXT FIVE (5) YEARS: _____

AVERAGE BASE ANNUAL WAGE OF NEW JOBS CREATED (wages less benefits): \$_____

V. ESTIMATED PROJECT COSTS (IF KNOWN)

DESCRIPTION	AMOUNT
Land Acquisition	\$_____
Construction Cost	\$_____
Purchase Machinery, Equipment	\$_____
Site development costs	\$_____
TOTAL	\$_____

VI. CERTIFICATION AND SIGNATURES

The undersigned further understands that this information will be used only in consideration of this application and further agrees to notify City of Tampa staff and its Consultant of any material change in any such information.

By (Authorized Signature)

Date

Print Name

The City of Tampa Brownfields Assessment Grant Program is funded with EPA Brownfields Assessment Funding under EPA Cooperative Agreement # BF 02D09721.