



**PHYSICAL IMPROVEMENT  
GRANT PROGRAM**

**PROGRAM APPLICATION**

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

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

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

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

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

**Provide a complete description of the planned improvements and how you believe they will enhance your business district:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**

- **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.

\* \* \* \* \*

I certify that this proposed project will result in a beautification or enhancement that is lasting and not merely temporary, and I understand that the District may require me to provide assurances of this.

I further 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 or fax applications to 2021 Cunningham Drive, Suite 101; Hampton, VA 23666, FAX, (757) 826-2784. Please contact Verna Brundin at (757) 826-6351 if you have questions.*