



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 4410 E. Claiborne Square; Hampton, VA 23666, FAX, (757) 826-2784. Please contact Raymond Tripp at (757) 826-6351 if you have questions.