



TIRZ INCENTIVES APPLICATION & CHECKLIST



Fill in all blanks below and check applicable boxes for each item. All fields must be completed; "see attached" is not an appropriate response. Incomplete applications will not be processed.

Business Name: _____ Date: _____

Business Owner (if different from above): _____

Business Address: _____ Mailing Address: _____

Business Phone: _____ Secondary Phone: _____

Email: _____ Fax: _____

Property Owner: _____

This property falls within the: TIRZ - North Eligibility Area TIRZ - South Eligibility Area
(NOTE: See attached maps)

Remit incentive payment(s) to: Property Owner Business Owner

INCENTIVES REQUESTED:

- Sales & Use Tax Rebate¹
- Water Tap Refund²
- Asbestos Abatement Incentive³
- Paving Incentive (North Only)⁴
- New Sign Incentive (North Only)⁵
- Facade Improvement Incentive⁶
- Main Street Design Assistance (South Only)⁷ - will be coordinated through Downtown San Angelo, Inc.
- Development Fee Reductions⁸
- Secondary Egress Grant⁹
- Sprinkler & Monitored Smoke Alarm Incentive (South Only)¹⁰
- Outside Storage Screening Incentive (North Only)¹¹
- Landscape Incentive (North Only)¹²
- Property Tax Rebate (South Only)¹³

CHECKLIST OF REQUIRED DOCUMENTS:

A. DOCUMENTS REQUIRED BEFORE WORK CAN BEGIN: All of these documents must be submitted in order to gain approval for incentives on a project, and must be deemed complete by City staff before an agreement will be executed. Incentives will not be provided without an executed agreement.

FOR EVERY PROJECT

- SUMMARY: a written summary (1-3 paragraphs) outlining the overall scope of work to be performed which you are seeking incentives for;
- APPLICATION: completed & signed application (this document); and
- W-9: used for establishing an account for payment by the City of San Angelo.

FOR SECONDARY EGRESS GRANT⁹

- Completed & signed Worksheet A, summarizing bids; and,
- Three construction/contractor bids detailing proposed work for which incentives are sought.

FOR ASBESTOS ABATEMENT INCENTIVE³

- Completed & signed Worksheet A, summarizing bids; and,
- Three construction/contractor bids detailing proposed work for which incentives are sought.

FOR SPRINKLER & MONITORED SMOKE ALARM INCENTIVE¹⁰

- Completed & signed Worksheet A, summarizing bids; and,
- Three construction/contractor bids detailing proposed work for which incentives are sought.

FOR PAVING INCENTIVE⁴

- Completed & signed Worksheet A, summarizing bids;
- Three construction/contractor bids detailing proposed work for which incentives are sought; and,
- Scaled or dimensioned drawing(s) illustrating proposed work, and including details of color and material proposed.

FOR OUTSIDE STORAGE SCREENING INCENTIVE¹¹

- Completed & signed Worksheet A, summarizing bids;
- Three construction/contractor bids detailing proposed work for which incentives are sought; and,
- Scaled or dimensioned drawing(s) illustrating proposed work, and including details of color and material proposed.

FOR NEW SIGN INCENTIVE⁵

- Scaled or dimensioned drawing(s) illustrating proposed work, and including details of color, material, and location proposed - either on facade drawing (attached signs) or on dimensioned or scaled site plan (freestanding signs).

FOR LANDSCAPE INCENTIVE¹²

- Completed & signed Worksheet A, summarizing bids;
- Three construction/contractor bids detailing proposed work for which incentives are sought; and,
- Scaled or dimensioned drawing(s) illustrating proposed work, and including details of color and material proposed.

FOR FACADE IMPROVEMENT INCENTIVE⁵

- Completed & signed Worksheet A, summarizing bids;
- Three construction/contractor bids detailing proposed work for which incentives are sought; and,
- Scaled or dimensioned drawing(s) illustrating proposed work, and including details of color and material proposed.

FOR MAIN STREET DESIGN ASSISTANCE⁷

- Scaled or dimensioned drawing(s) illustrating proposed work, and including details of color and material proposed.

B. DOCUMENTS REQUIRED ONCE WORK IS COMPLETE AND BEFORE REIMBURSEMENT IS REQUESTED: All of these documents must be submitted, and must be deemed complete by City staff before a payment will be issued.

FOR SALES & USE TAX REBATE¹

- Completed & signed Worksheet B, including receipts/proof of payments.

FOR DEVELOPMENT FEE REDUCTION⁸

- Completed & signed Worksheet C.

FOR WATER TAP REFUND²

- Completed & signed Worksheet D.

FOR SECONDARY EGRESS GRANT⁹

- Completed & signed Worksheet E, including receipts/proof of payments.

FOR ASBESTOS ABATEMENT INCENTIVE³

- Completed & signed Worksheet F, including receipts/proof of payments.

FOR SPRINKLER & MONITORED SMOKE ALARM INCENTIVE¹⁰

- Completed & signed Worksheet G, including receipts/proof of payments.

FOR PAVING INCENTIVE⁴

- Completed & signed Worksheet H, including receipts/proof of payments.

FOR OUTSIDE STORAGE SCREENING INCENTIVE¹¹

- Completed & signed Worksheet I1, including receipts/proof of payments.

FOR NEW SIGN INCENTIVE⁵

Completed & signed Worksheet I2, including receipts/proof of payments.

FOR LANDSCAPE INCENTIVE¹²

Completed & signed Worksheet J, including receipts/proof of payments.

FOR FACADE IMPROVEMENT INCENTIVE⁶

Completed & signed Worksheet K, including receipts/proof of payments.

FOR PROPERTY TAX REBATE¹³

Completed & signed Worksheet L, including receipts/proof of payments.

STATEMENT OF UNDERSTANDING:

1. I agree to comply with guidelines and procedures of the TIRZ Incentives Program, and acknowledge that I have received a copy of the current policy (dated 07/16/14).
2. I understand that any work that is performed prior to receiving a City-approved grant agreement will not be eligible for reimbursement (the grant agreement will be given to you after the project is approved by the Development Services Department). As such, I cannot submit invoices for work performed prior to an agreement being signed by both City officials and me.
3. I understand that this is a reimbursement program. Therefore, I must submit cost documentation including paid invoices and/or receipts from contractors after the work is complete in order to receive reimbursement. I further understand that the City may contact contractors and subcontractors to ensure they have been paid prior to releasing any funds. I also understand that funds are not earmarked for my project until all required documents and drawings have been reviewed and approved by the City of San Angelo. My project is also subject to availability of funds, which is not guaranteed.
4. I acknowledge that after submitting this application, I will not be eligible to reapply for additional financial incentives under this program for two years.
5. I acknowledge that all documents as outlined in this application are minimum requirements for funding and agree to provide them in a timely manner. Furthermore, I agree that funding is not guaranteed for my project until all required documents have been received and reviewed by staff, and that staff may pursue verification of any and all documents.

Signature of Property Owner _____ Date: _____

REPRESENTATIVE:

I hereby designate _____ as my representative on this project and prefer that any communication regarding this project be addressed to them directly. They may be reached at: _____
_____.

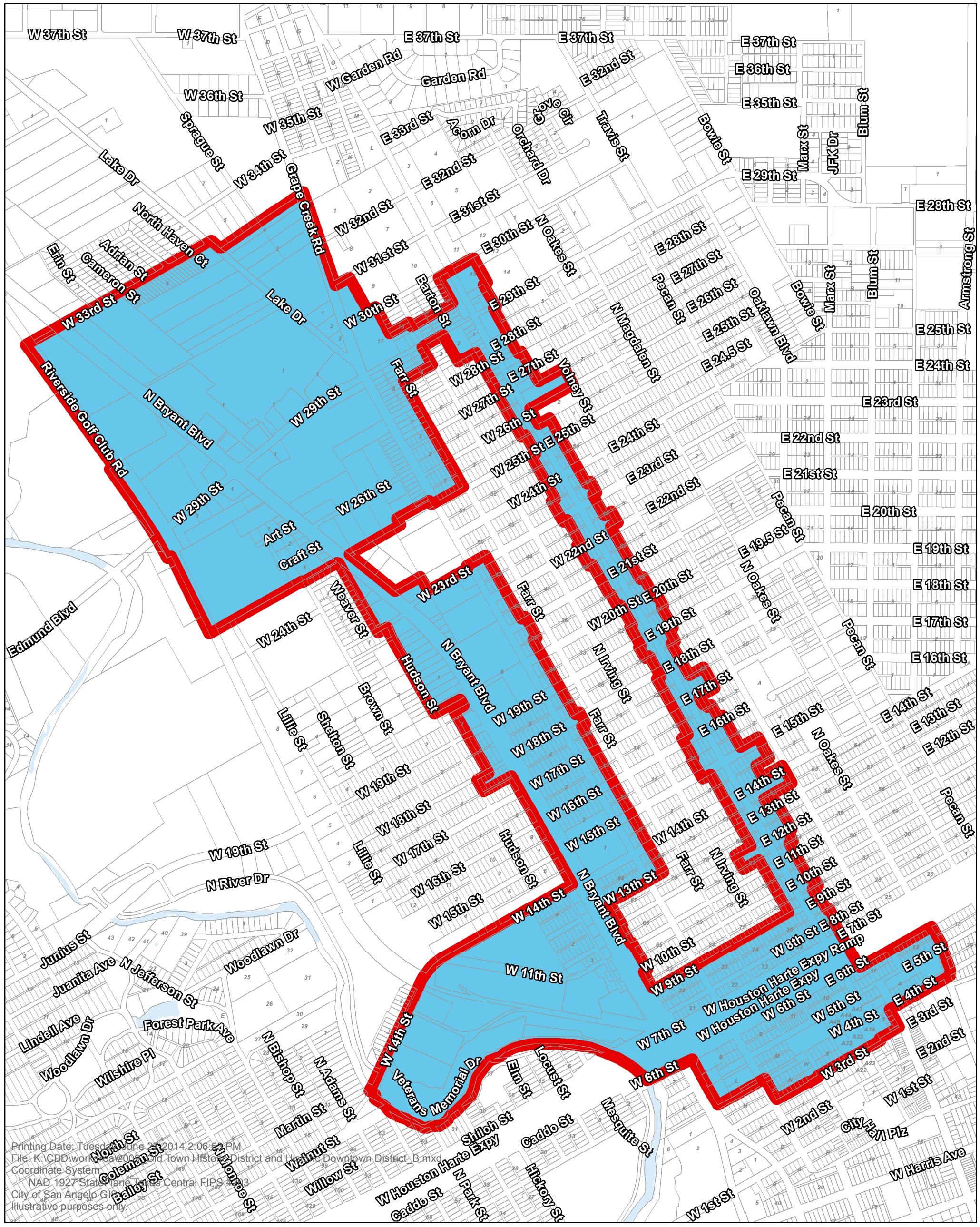
After you have completed this application and submitted the required bids and exhibits, please mail or deliver this information to the Development Services Department at 52 W College. Within seven business days, we will contact you regarding any additional information and make arrangements to provide you with a written agreement for signature between you and the City of San Angelo. It is the applicant's responsibility to follow up on providing all required documents in order to gain reimbursement.

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

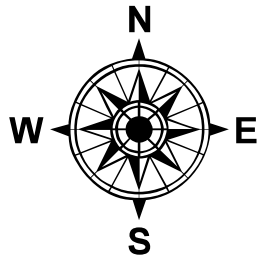
Document Effective as of: 07/16/14



Printing Date: Tuesday, June 24, 2014 2:06:52 PM
 File: K:\CBD\work\2014\North Town History District and Historic Downtown District B.mxd
 Coordinate System:
 NAD 1927 StatePlane Texas Central FIPS 4303
 City of San Angelo GIS
 Illustrative purposes only.



TIRZ - North Incentives Eligibility Area

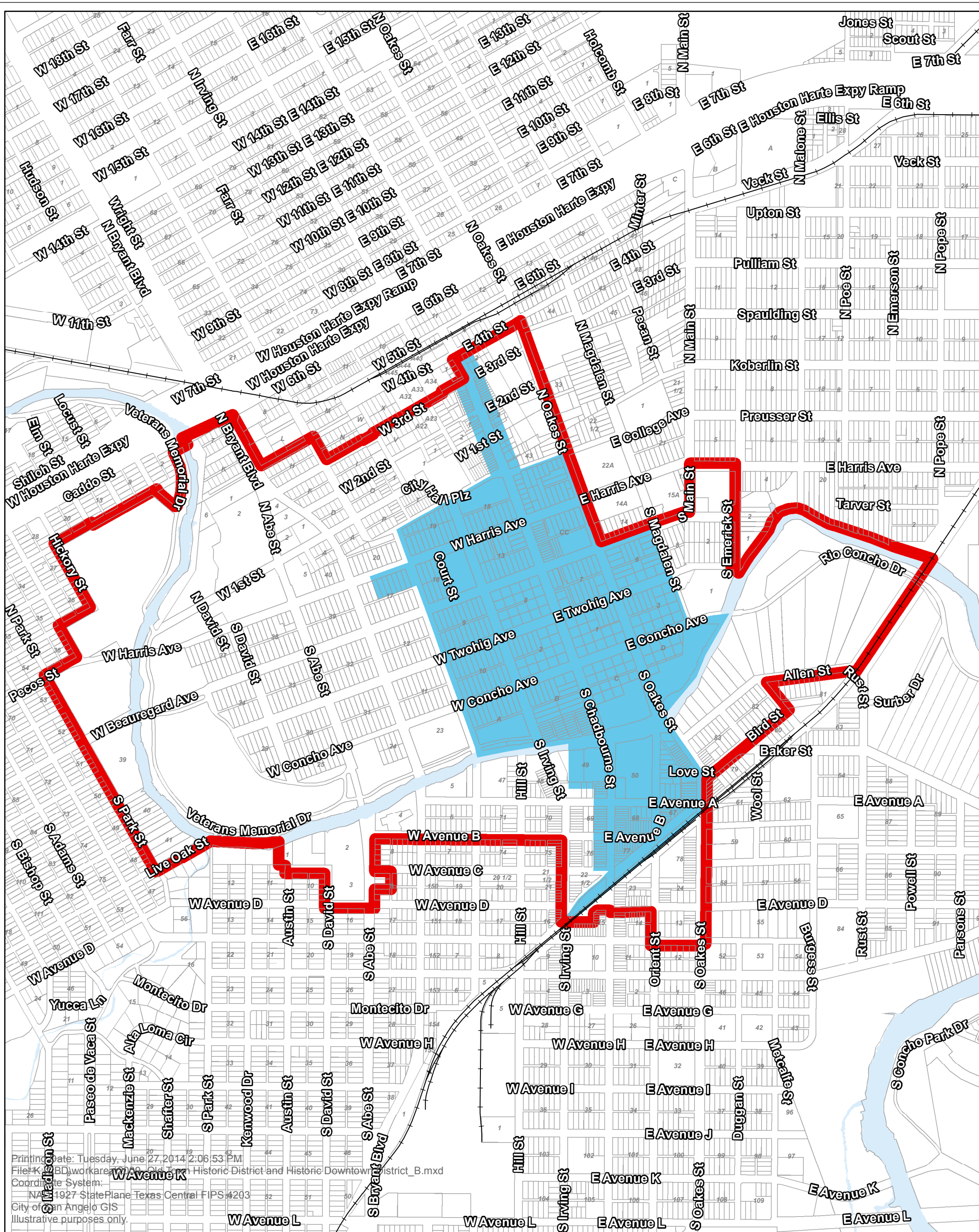


TIRZ - North



Incentive Eligibility Area - North Adjusted

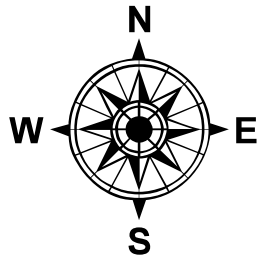
1 inch = 1,000 feet





Printing Date: Tuesday, June 27, 2014 2:06:53 PM
 File: K:\BD\workarea\2014_06_26_TIRZ_Historic District and Historic Downtown District_B.mxd
 Coordinate System:
 NAD 1927 StatePlane Texas Central FIPS 4203
 City of San Antonio GIS
 Illustrative purposes only.



TIRZ - South Incentives Eligibility Area



-  TIRZ - South
-  Incentive Eligibility Area - South Adjusted

1 inch = 900 feet



WORKSHEET A

Bid Summary



Below is a chart for summarizing the multiple bids procured for work proposed for TIRZ incentives. The policy guidelines dictate that the lowest of three bids will be utilized for purposes of figuring incentive amounts.

Please complete all fields within the chart below. Additional copies may be made of this form if necessary. Attach corresponding bid document(s) for each line item.

Bid # (1,2,3)	Work to be Performed	Bid Submitted By	Date of Bid	Bid Amount	Low Bid (*)
1					
2					
3					
1					
2					
3					
1					
2					
3					
1					
2					
3					
TOTAL OF SELECTED BIDS:					

I certify that the information above is correct and have attached copies of documents itemizing & explaining the bids made.

Applicant or representative

Date

FOR OFFICE USE ONLY:

 SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

 DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET C

Development Fee Reductions



Several development fees for reduction-approved projects located within the TIRZ district will be partially paid by TIRZ, at a rate of 80% of each fee.

Please check all that apply, and provide the corresponding fee amount.

Type of Application	Application Fee	TIRZ Portion (80%)	Date of Application
<input type="checkbox"/> Preliminary Plat	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Final Plat	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Administrative or Amended Plat	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Right-of-Way Abandonment	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Special Use	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Conditional Use	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Zone Change	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Building Permit Fees (up to \$5,000)	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Demolition Permit (Removal of Signage)	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Demolition Permit (Removal of Building)	\$ _____	\$ _____	__/__/__
<input type="checkbox"/> Historic Overlay Zoning	\$ _____	\$ _____	__/__/__
TOTALS:	\$ _____	\$ _____	

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) and copies of receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET D

Water Tap Refund



TIRZ will pay no more than 75% of costs associated with installation of a new water service tap onto an existing water main if the proposed tap is for the installation of a required fire sprinkler system for a refund-approved project, with a maximum of \$5,000.

Please complete all fields within the chart below.

Itemization of Fee Types	Itemization of Fees	Billing Dates
TOTAL:		
AMOUNT OVER/UNDER (+/-) MAXIMUM:		
75% (MAXIMUM REFUND):		

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) and copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET E

Secondary Egress Grant



TIRZ will pay no more than 50% of the costs associated with the installation of additional exits, when required by Fire or Building codes, on grant-approved projects. Amounts are based upon: (1) 50% of costs associated with creating additional fire exits; and (2) maximum of \$5,000 per floor with a total incentive maximum of \$20,000 per building.

Please complete all fields within the chart below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

Description/Justification of Work Performed	Location of Work (ex: F1, F2, F3)	Cost of Work
TOTAL COST:		
AMOUNT OVER/UNDER (+/-) MAXIMUM:		
50% (MAXIMUM INCENTIVE):		

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) and copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET F

Asbestos Abatement Incentive



TIRZ will pay 50% of the total abatement costs for incentive-approved projects, with a maximum of \$15,000.

Please complete all fields within the chart below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

Description/Justification of Work	Cost of Work
TOTAL COST:	
AMOUNT OVER/UNDER (+/-) MAXIMUM:	
50% (MAXIMUM REBATE):	

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) & copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET G

Sprinkler/Monitored Smoke Alarm Incentive



TIRZ will pay no more than 50% of the total cost of the system, including installation costs, up to a maximum of \$5,000 on incentive-approved projects when the system is a requirement of the Fire Code in order to occupy the building or significantly increase occupancy.

Please complete all fields within the chart below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

Description/Justification of Work Performed	Cost of Work
TOTAL COST:	
AMOUNT OVER/UNDER (+/-) MAXIMUM:	
50% (MAXIMUM INCENTIVE):	

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) & copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET H

Paving Incentive



TIRZ will pay 50% of the total paving costs for incentive-approved projects in the North eligibility area, with a maximum of \$7,500. TIRZ will pay 75% of the landscaping costs associated with these projects as required, with a maximum of \$2,000.

Please complete all fields within the chart below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

Description/Justification of Work	Cost of Work
TOTAL COST OF PAVING:	
AMOUNT OVER/UNDER (+/-) MAXIMUM:	
50% (MAXIMUM REBATE):	
TOTAL COST OF REQUIRED LANDSCAPING:	
AMOUNT OVER/UNDER (+/-) MAXIMUM:	
75% (MAXIMUM REBATE):	

A plan for mandatory landscaping within the public right-of-way or other areas, as required by the TIRZ Incentive Policy to accompany paving for which incentives are provided, has been provided to and approved by City staff. Drawing(s) demonstrating the finalized plans for such are attached to this worksheet, for comparison at conclusion of project prior to payment.

Approved by: _____

Date Approved: _____

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) and copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET I1

Outside Storage Screening Incentive



TIRZ will pay \$15.00 per linear foot for opaque screening materials to shield outside storage areas for incentive-approved projects in the North eligibility area, for properties where the outside storage area faces a public street or abuts a residential property, with a maximum of \$2,000.

Please complete all fields in the equation below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

LINEAR FEET OF OPAQUE SCREENING	LINEAR FOOT RATE	TOTAL
	\$15.00	
	\$15.00	
	\$15.00	
	\$15.00	
TOTAL REIMBURSEMENT:		

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all expenditures) & copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/01/14



WORKSHEET I2

New Sign Incentive



TIRZ will contribute up to \$500 towards new signage per incentive-approved project in the North eligibility area.

Please complete all fields in the equation below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

TYPE OF SIGN	APPROXIMATE LOCATION OF SIGN	COST OF SIGN
TOTAL COST:		
AMOUNT OVER/UNDER (+/-) MAXIMUM:		
\$500 (MAXIMUM REBATE):		

I certify that the information above is correct and have attached copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/01/14



WORKSHEET J

Landscape Incentive



For incentive-approved projects in the North eligibility area: (1) TIRZ will pay no more than 50% of costs associated with installation of landscaping which is visible from the public right-of-way; (2) TIRZ will pay no more than 65% of costs associated with installation of landscaping which is in or adjoining the public right-of-way. The maximum combined contribution is \$2,000.

Please complete all fields within the chart below. Additional copies may be made of this form if necessary. Attach all proofs of purchase for each line item.

Description & Approximate Location	Visible From?	In or Adjoining?	Cost
TOTAL COST:			
.....-08@0 #\ ou			
\$ 00 (MAXIMUM REBATE):			

I certify that the information above is correct and have attached additional copies of this sheet (if needed to address all items) and copies of bills & receipts illustrating these expenses.

Applicant or representative

Date

FOR OFFICE USE ONLY:

 SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14



WORKSHEET K

Facade Improvement Incentive



TIRZ will pay a matching grant (50% cost property owner / 50% cost City) based on an assigned value of \$18.00 per square foot of street-facing facade area per building for incentive-approved projects, with a maximum of \$7,500.

Please complete all fields in the equations below. Additional copies may be made of this form if necessary. Attach all proofs of payment for the applicable Section (A or B) below.

Total square footage of street-facing facade for project: _____

SECTION A: (For projects where facade exceeds 417 square feet)

Line 1 - Low bid amount: \$ _____

Line 2 - 50% of low bid amount: \$ _____

If Line 2 exceeds \$7500, total TIRZ contribution will equal \$7500.

SECTION B: (For projects where facade does not exceed 417 square feet)

Line 1 - Low bid amount: \$ _____

Line 2 - Total square footage of street-facing facade: _____ X \$18.00 = \$ _____

Total TIRZ contribution equals 50% of Line 2 total. This amount is \$ _____.

I certify that the information above is correct and have attached any relevant supplemental information.

Applicant or representative

Date

FOR OFFICE USE ONLY:

SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR

DATE

DATE OF WORK COMPLETION: _____ FINAL INCENTIVE AMOUNT: \$ _____

DATE OF PAYMENT BY COSA: _____ CHECK NUMBER: _____ Document Effective as of: 07/16/14

WORKSHEET L

Property Tax Rebate

TIRZ will pay a rebate for City property taxes on real property, when the value of proposed improvements increases the estimated value of the existing real property, based on the most recent appraisal figure, by at least 50%. Annual eligibility is determined by the following scale:

YEAR	1-3	4	5	6-10
REBATE AMOUNT	100%	80%	80%	50%

*Design fees will only be included in the estimated value if a registered architect has designed the project.

Please complete all fields in the equation below. Additional copies may be made of this form if necessary. Attach all proofs of payment for each line item.

ORIGINAL APPRAISED VALUE:	
ESTIMATED APPRAISED VALUE: (AS A RESULT OF INCENTIVIZED IMPROVEMENTS)	
YEAR: (1, 2, ETC)	
PERCENTAGE: (ACCORDING TO SCALE)	
TOTAL TAX FOR YEAR:	
CITY TAX FOR YEAR:	
ELIGIBLE REBATE AMOUNT:	

I certify that the information above is correct and have attached a copy of my most recent tax bill, along with proof of payment.

Applicant or representative

Date

FOR OFFICE USE ONLY:	
_____ SIGNATURE OF PLANNING & DEVELOPMENT ADMINISTRATOR	_____ DATE
DATE OF WORK COMPLETION: _____	FINAL INCENTIVE AMOUNT: \$ _____
DATE OF PAYMENT BY COSA: _____	CHECK NUMBER: _____ Document Effective as of: 07/16/14