Parking Creation Grant Program Application

_____
Address of Property

_____ _____ _____
Name Current Address Phone

(YES) (NO)

_____ _____Are you constructing a parking pad (pads) where none currently exist?

_____ _____ Are you aware the parking pad must be constructed of asphalt or concrete?

_____ _____ Did you know this grant is intended to be used in the rear of your property from an existing alley?

_____ _____ To be eligible did you know that you must increase the number of spaces existing?

_____ _____ You are aware this grant may not be used to bring existing paving into conformance?

<u>Please include a set of drawings of where the parking pad will be located on your property.</u>

List the names, addresses and telephone numbers of all other owners of the property to be rehabbed and converted below.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (we) the undersigned agree to fully comply with all terms and conditions of the Off-Street Parking Assistance Grant Program enumerated in the Program guidelines attached hereto.

_____ _____ _____
Signed Date Title

_____ _____ _____
Signed Date Title

_____ _____ Approved ____ Disapproved _____
Rick Lucas Date
Public Works Supervisor

_____ _____ _____ _____
Rick Lucas Date Date
Final Approval City Administrator