

Landscape Improvement Grant Programs APPLICATION



Daytona Beach CRA

Redevelopment District _____

Property Address _____

Major Thoroughfare _____

Applicant (Property Owner) _____ Telephone (Business /Cell) _____

Federal I.D. Number or Social Security # _____

Project Description: _____

Proposed Improvements:

#	Improvement	Total Cost	Match	Grant
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	
5.		\$	\$	
6.		\$	\$	
7.		\$	\$	
8.		\$	\$	

Estimated Construction Time: _____ days Estimated Completion Date: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE:

- Zoning
- Permitted Use
- Florida-friendly Plants
- Professionally Designed
- Professional Installation

Application Checklist:

- Proof of Ownership
- Written Consent of Owner
- Completed application form
- Two work estimates
- Applicant does not owe the City
- Photograph of the existing building
- Drawings of proposed improvements

Approval:

Application received by: _____
 Improvements meet Design Standards:
 _____ Date _____
 Redevelopment Director Approval:
 _____ Date _____