CITY OF STOCKTON

Downtown Financial Incentive Program Application

Name:_____ Phone: _____

Address of Property:_____ Existing Use: _____

Assessor's Parcel Number:_____ Proposed Use:_____

Does the work to be completed include any of the following:

Minor interior work:	☐ Yes	☐ No	Major interior work:	☐ Yes	☐ No
Minor exterior work:	☐ Yes	☐ No	Major exterior work:	☐ Yes	☐ No
Mechanical/Electrical/Plumbing:	☐ Yes	☐ No	Roof repair:	☐ Yes	☐ No
Curb, Gutter and/or Sidewalk:	☐ Yes	☐ No	Other work:	☐ Yes	☐ No

Square footage:_____ Estimated project valuation:_____

Please describe work to be done (attach separate sheet if necessary):

I, the property lessee and/or building owner, certify the following:

- The area to be renovated has been vacant (the owner has not received rent, the site is not actively engaged in use, and there is no agreement to receive rent) for a minimum of six months (use by nonprofit is exempt);
- I will keep the property free of graffiti and blight;
- I will complete the project within 180 days of permit issuance;
- Improvements shall be limited to those described above;
- Exterior improvements shall conform to any existing or future implemented design guidelines as specified and approved by the City, including, but not limited to the Central Stockton Design Review Guidelines and the Mercado Area Design Review Guidelines.

I also agree that if I do not abide by the above rules that I will be ineligible to participate further in this program or in the Downtown Facade Grant Program.

_____	_____	_____
Signature of property lessee	Printed Name	Date
_____	_____	_____
Signature of building owner	Printed Name	Date

City of Stockton Use Only
Economic Development Department Review:

☐ Use Permitted ☐ Rehab/Tenant Improvement Only

☐ Historic Review ☐ Business License

_____	_____	_____
Signature of EDD Designee	Printed Name	Date