

Commercial Retention & Redevelopment Program (CRR)

Exterior & Interior Project Application Form

Business Name:	Amount Requested:						
Project Site Address:							
MANDATORY: Applicants must schedule an appointment with OBO & City's Planning Division staff by calling 803.545.3381. Application will not be accepted without conducting this Mandatory Project Site Visit.							
Project Site Classification:							
Planning Staff Reviewing Standard Code or Overlay Code for CRR Project:							
Type of drawing required by Planning Div:							
1. Applying as Building O v	wner: (if you own the b	uilding and you a	re the applicant	t)			
1a. Owner's Name:							
1b. Owner's Address:							
1c. Daytime Phone:	aytime Phone: 1d.Evening Phone:						
1e. Email Address:							
1f. Are you the sole owner o	of this property?	res No	1g. Age of Bu	ilding:			
1h. If not sole owner, please	identify other						
owners:							
1i. Form of Ownership:	Sole Propietor F	Partnership	Limited Liabilit	y Corporation	Corporation		
1j. Owner's SS#:	1k. Owners	hip %:	11.	Open how long?			
1m. Do you own the building and operate a business here? Yes No							
1n. Is building currently fully	v insured? Yes	No 1o. B	usiness Industry	:			
1p. What is the name of your business:							
1q. Is there an existing busi	ness at this location ope	erated by a Tena	nt? Yes	No			
1r. What is the name of the	business:						
1s. Indicate type of business	5: (Clothing, Restaurant, Eng	ineering, etc.)					
1t. Are you currently a party	to any lawsuits or pend	ling lawsuits?	Yes	No			
1u. Are you currently in ban	kruptcy?		Yes	No			

2. Applying as Tenant: (if you are a tenant	and lease your business space, complete this section)
2a. Business Owner's Name:	
2b. Tenant's Business Name:	
2c. Business Industry:	
2d. How long has your business been oper	1?
2e. Number of full-time employees:	2f. Number of part-time employees:
2f. Is your business currently insured?	Yes No Business Owner MUST carry insurance to be eligible to participate.
Daytime Phone:	Cell/Evening Phone:
3. On-site Project Manager (If different th	an Applicant & must be one (1) Individual):
Project Manager's Name:	
Address (St, City, ST & Zip):	
Daytime Phone:	Cell/Evening Phone:
Email:	
4. EXTERIOR Project Description: (Please mark	all boxes that apply.)
Awning	Painting
Carpentry	Roofing
Doors	Signage
Lighting	Windows
Masonry	
4a. INTERIOR Project Description: (Please mar	k all boxes that apply.)
Walls	Lighting
Ceilings	ADA Accessibility Improvement
Floors	Parking Lot Repair
Cabinets or Similar Built-in Fixtures	

5. Has the Applicant, or any	one with an ow	nership interest in	the Applicant:		
a) -received a CRR Forgivab	le Loan before´	?		Yes	No
If Yes, list date and amount	:				
b) -received assistance, or a programs?	re now under o	consideration for as	sistance, from other fed	erally funde	d City of Columbia
If Yes, list the property add	ress, investmer	nt amount, and date	e:		
c) -have any previous, existi does your business perform Yes No If Yes, what type of work or	work and are pa	aid for that work by	the City of Columbia?	the City of C	Columbia?(Has/
d) - or any spouse or immed If Yes, list the employee's na	•		oloyed by City of Colum	bia Yes	s No
6. Signatures The Applicant Federal Regulations applicate Office of Business Opportunation authorized in writing. The Amunicipal ordinances, he/shathe acquisition or recovery of Business Opportunities. The described in the application the City of Columbia has the agreement, without prejudication with this application. Applicant's Signature: Date:	ole to this prog ities, can make pplicant fully un the will be ineligion of any claims or Applicant agre process, or wh the right to terminate to any other	ram. The Applicant and variations to the nderstands and agrible for a matching damages regarding eas that in the eventienever it is deemed attenties or remedies	fully understands that the application process, or ees that if his/her project investment and agrees to the city of the city of the best interest on thirty (30) days notion of the City of Columbia.	he City of Co r requirement to at any time to forfeit all in Columbia and ition or prosts of the Citic ce and to ca If the Applic	olumbia, and onts, except as e fails to meet rights pursuant to nd/or Office of ovision, as y of Columbia, ancel this cant is other than
Social Security Number or T	ax ID#:				