





Downtown Dover Partnership 101 W Loockerman, Ste 1A Dover DE 19904

APPLICATION FOR DOWNTOWN DEVELOPMENT DISTRICT INCENTIVES

Please Complete Electronically or Print			
1. APPLICANT INFORMATION	2. SUBJECT PROPERTY DATA Tax Parcel ID:		
Name:			
Address:	Location/Address:		
Phone:	Owner Name:		
E-mail:			
Tax Identification #:	Owner Address:		
3. INCENTIVES AVAILABLE FROM THE DOW			
Please check incentive(s) for which you are apply	_		
[] Reimbursement of architectural expense	es up to \$5000 for new or expanded business		
[] Façade Grant program to help business	owners improve their storefronts \$		
4. PROJECT DESCRIPTION			
Façade grant applicants must provide a Scope of	f Work: Describe project improvements/activities in detail. Include itemized cost		
estimate with samples of materials to be used, re	enderings, plans, sketches or drawings of the project area. Add attachments and		
additional pages as needed. Photographs of exis	siting conditions are required, including overall façade view and details of façade		
area to be improved.			

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Application for Developmen	t Incentives					
Project Description (cont.)						
5. ASSURANCES						
All information in the applica	tion is complete a	nd true to t	he best	of my/our knowledge. I/We certify that cer	tain	
expenses are only reimbursa	ble after Certificat	e of Occupa	ancy or f	inal inspection by Planning and Inspections	. I/we	
understand that if I/we do no	ot comply with the	provisions	of the d	evelopment incentives program, the DDP m	nay	
terminate the incentives.						
I certify that I am the owner	of record or am au	thorized by	the owr	ner of record to make this application.		
Date	Applicant Signature					
6. STAFF ACTION						
6. STAFF ACTION				Staff Notes/Comments:		
Photographs				Stujj Notes/Comments.		
Itemized cost estimate						
Plans or drawings						
Material samples						
waterial samples						
Architectural	Approved	Denied	Date			
Grant	Аррготеа	Demeu	Dute			
- Crume						
Façade Grant	Approved	Denied	Date			
. ayaac crant	Approved	- Demeu	Date			
Date	cutive Director	_				
		-				
Date	Si	Signature of DDP President or Treasurer				