



<b>CASE NUMBER</b> <i>(For Staff Use Only)</i>  <b>BP –</b>
--

## Application for Brownfield Redevelopment Plan

<b>Property Address &amp; Parcel I.D. Number(s)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Property or Street Address</td> </tr> <tr> <td style="height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Parcel I.D. Number(s)</td> </tr> </table>	Property or Street Address		Parcel I.D. Number(s)																																	
Property or Street Address																																					
Parcel I.D. Number(s)																																					
<b>Legal Description</b> <i>(Attach separate copy if necessary)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>																																				
<b>Current Use of Site</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>																																				
<b>Proposed Use of Site</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>																																				
<b>Environmental Conditions of Site</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>																																				
<b>Requested Assistance</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Tax Increment Funds to assist with Clean-up Costs?</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Applying to MEDC for Single Business Tax Credit?</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Applying to MDEQ for School Tax Capture?</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	Tax Increment Funds to assist with Clean-up Costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Applying to MEDC for Single Business Tax Credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Applying to MDEQ for School Tax Capture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
Tax Increment Funds to assist with Clean-up Costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																			
Applying to MEDC for Single Business Tax Credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																			
Applying to MDEQ for School Tax Capture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																			
<b>Applicant</b> <i>(Primary Contact)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Name:</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">Firm:</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">Address:</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">State:</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Zip:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Phone:</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Fax:</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">E-mail:</td> <td colspan="5"></td> </tr> </table>	Name:						Firm:						Address:						City		State:		Zip:		Phone:		Fax:				E-mail:					
Name:																																					
Firm:																																					
Address:																																					
City		State:		Zip:																																	
Phone:		Fax:																																			
E-mail:																																					

