

# HEARTLAND BROWNFIELDS REVITALIZATION PARTNERSHIP



Assessment Application

HBRP Project #: BR \_\_\_\_\_ (office use)

This information is necessary to process a request for funding through The Heartlands Brownfield Revitalization Partnership (HBRP). Please fill in all the blanks, using "None" or "Not Applicable" where necessary. If more space is needed to answer any specific questions, please attach a separate sheet. A Site Access Permission Form signed by the property owner must accompany the completed Application. Please also attach a copy of the Property Appraiser's Parcel Details and Aerial, and any available regulatory correspondence or reports.

## I. SUMMARY

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PRESENT PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS PROPERTY UNDER CONTRACT? (Please attach copy of Sales Contract)  Yes  No

NAME AND TYPE OF BUSINESS TO OCCUPY THE PROPERTY OR PLANNED REUSE: \_\_\_\_\_

TYPE OF ASSESSMENT SUPPORT REQUESTED:

- Phase I Environmental Assessment – Funding  Phase II Environmental Assessment – Funding  
 Quality Assurance Project Plan (QAPP) - Funding  All of the above, if necessary - funding

*(HBRP Staff Use Only)*

RECOMMENDED BY:  Mulberry  Fort Meade  Polk County  CFRPC  Other: \_\_\_\_\_

DATE ACTION TAKEN BY STAFF OR STEERING COMMITTEE: \_\_\_\_\_

DECISION (ACTION):  APPROVED  DECLINED  CONDITIONAL

REASON FOR DENIAL OR SUBJECT TO FOLLOWING CONDITIONS (DESCRIBE IN DETAIL): \_\_\_\_\_

HBRP STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Application Number: BR \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

**II. PROPOSED ASSESSMENT SITE CHARACTERISTICS**

LOCATION:  Mulberry  Fort Meade  Polk County  Other: \_\_\_\_\_

STREET ADDRESS OF PROPERTY TO BE ASSESSED: \_\_\_\_\_  
\_\_\_\_\_

PARCEL NUMBER(S): \_\_\_\_\_  
\_\_\_\_\_

PARCEL SIZE (ACRES): \_\_\_\_\_ EXISTING BUILDING SIZE (SQ.FT.): \_\_\_\_\_

PROPOSED BUILDING SIZE AFTER EXPANSION OR CONSTRUCTION (SQ.FT.): \_\_\_\_\_

ESTIMATED/APPRaised VALUE: \$ \_\_\_\_\_

DOES THE APPLICANT PLAN TO ACQUIRE THIS SITE?  Yes  No  Third Party Acquisition

IF THIRD PARTY ACQUISITION, NAME OF THIRD PARTY: \_\_\_\_\_

IS A BUSINESS CURRENTLY OPERATED IN THIS FACILITY?  Yes  No

IF YES, WHO OPERATES THE BUSINESS? \_\_\_\_\_

POTENTIAL CONTAMINATION SOURCES: \_\_\_\_\_

CONFIRMED CONTAMINATION SOURCES: \_\_\_\_\_

ELIGIBLE FOR STATE PETROLEUM PROGRAMS:  Yes  No  Unknown

ELIGIBLE FOR STATE DRY CLEANING PROGRAMS:  Yes  No  Unknown

ASSESSMENT/OR REMEDIATION DOCUMENTATION ATTACHED:  Yes  No

IS THIS SITE CURRENTLY INVOLVED IN A CONSENT ORDER OR OTHER ENFORCEMENT ACTION WITH THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION OR U.S. ENVIRONMENTAL PROTECTION AGENCY?

Yes  No  Unknown

Application Number: BR \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

**III. PROPOSED END USER INFORMATION**

PROPOSED END-USER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FORM OF OWNERSHIP:  Sole Proprietorship – Social Security Number \_\_\_\_\_  
 Partnership  Corporation  Sub-Chapter S  Other \_\_\_\_\_

NAME OF PRINCIPAL OR CEO: \_\_\_\_\_

PRIMARY BUSINESS ACTIVITIES: \_\_\_\_\_

NUMBER OF JOBS CURRENTLY ON PAYROLL IN FLORIDA: \_\_\_\_\_

GENERAL COUNSEL TO END USER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHIEF FINANCIAL OFFICER OR ACCOUNTANT TO END USER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FEDERAL EMPLOYER TAX I.D. #: \_\_\_\_\_ SALES TAX REGISTRATION #: \_\_\_\_\_

DESCRIBE PROPOSED REVITALIZATION PROJECT (Check all appropriate items):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Exterior building rehab | <input type="checkbox"/> Acquisition of real estate           | <input type="checkbox"/> Bringing new business to target area  |
| <input type="checkbox"/> Building construction   | <input type="checkbox"/> Expansion of existing business       | <input type="checkbox"/> Creation of additional jobs (#) _____ |
| <input type="checkbox"/> Interior renovation     | <input type="checkbox"/> Public Improvement (describe): _____ |  |

Application Number: BR \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_

**IV. PROJECT BENEFITS/IMPACTS**

IDENTIFY ANY ADDITIONAL INDUSTRY/BUSINESS DEVELOPMENT THAT IS ANTICIPATED AS A RESULT OF THIS RELOCATION/EXPANSION. \_\_\_\_\_

WILL LOCAL CONTRACTORS BE USED FOR PROPOSED DEVELOPMENT?  Yes  No

IF YES, IN WHAT CAPACITY? \_\_\_\_\_

NUMBER OF NEW JOBS EXPECTED WITHIN 2 YEARS: \_\_\_\_\_

NUMBER OF NEW JOBS EXPECTED OVER NEXT FIVE (5) YEARS: \_\_\_\_\_

AVERAGE BASE ANNUAL WAGE OF NEW JOBS CREATED (wages less benefits): \$ \_\_\_\_\_

**V. ESTIMATED PROJECT COSTS (IF KNOWN)**

DESCRIPTION	AMOUNT
Land Acquisition	\$ _____
Construction Cost	\$ _____
Purchase Machinery, Equipment	\$ _____
Site development costs	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**VI. CERTIFICATION AND SIGNATURES**

The undersigned further understands that this information will be used only in consideration of this application and further agrees to notify the CFRPC HBRP staff of any material change in any such information.

By (Authorized Signature) \_\_\_\_\_

Date \_\_\_\_\_

The HBRP Brownfields Grant Program is funded with EPA Brownfields Assessment Funding under EPA Cooperative Agreement # 2B-95427809-0. This grant funding was issued under the American Recovery and Reinvestment Act.



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