

Belle Plaine

BUSINESS INCENTIVE PROGRAMS

(2024 Form)



APPLICATION FORM

Applicant Information

Name of Applicant: _____

Address: _____

Street Address

City

State

ZIP Code

Phone: _____ Email: _____

Application Date: _____

Applying For: Commercial Exterior Grant Commercial Interior Grant (Maximum Exterior + Interior Grant is \$4,500 per year per building)
(√ ALL that Apply) Area Acquisition Assistance

Building Information

Name of Business/Building: _____

Building Address: _____

Street Address

City

State

ZIP Code

Does the Applicant own the Building? YES NO
If NO, please attach a letter from the owner expressing approval of the project.

Will this project correspond with a change in the building's use? YES NO

If YES, Please Describe: _____

Project Information

Project START Date: _____ Projected Completion Date: _____

Have you consulted with the Services of an Architect? YES NO
If YES, List your architect: _____

Have you consulted with a Contractor? YES NO
If YES, List your contractor: _____

Submittal Check List

Use this check list to ensure that all items necessary to apply for the Belle Plaine Business Incentive Program have been completed before submitting application:

Owner(s) and tenant(s) both agree with the proposed projects to be completed. If Applicant is Building Tenant, Building Owner please sign your approval here: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Project design ideas have been submitted in written format with color schemes and drawings where available. This includes any structural work or repair, paint colors, awnings, signage, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant has followed the City of Belle Plaine's recommendation, guidelines, and standards of restoration.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant has provided cost estimates/bids of all proposed work with itemized estimates.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant agrees to submit all paid receipts at the completion of the project.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant has followed the City of Belle Plaine code requirements.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant has complied with the requirements of this program as outlined in the Belle Plaine Business Incentive Program. Applicant understands any deviations from the agreed upon project plan may disqualify their business/building from receiving reimbursements.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant understands that the policies, procedures, and incentives of the Belle Plaine Business Incentive Programs may be revised at any time without prior notice by the City of Belle Plaine, which also retains the exclusive right to change, add to, eliminate, or modify the requirements and the incentives at any time at its discretion, with or without notice.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Signatures

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Application Fee

Payable to: City of Belle Plaine

Application Fee Attached: \$25

Date Payment Received: _____ Check #: _____ -- OR -- Cash: _____

Please Return the Application and Fee to

Belle Plaine City Hall
1207 8th Avenue
Belle Plaine, Iowa 52208

Contacts

For additional information or questions regarding the Grant Application, please contact the following persons:

Stephen Beck, City Administrator
City of Belle Plaine
1207 8th Avenue, Belle Plaine, IA 52208
Phone: 319.444.2200; Fax: 319.444.2113
Email: steve.beck@belleplaineiowa.gov