



**CITY OF SUTHERLIN
URBAN RENEWAL DISTRICT
GRANT APPLICATION**

Complete application and return to the City of Sutherlin
Attn: Community Development Department, 126 E Central, Sutherlin, OR, 97479, 541-459-2856

DATE: _____ GRANT REQUEST AMOUNT \$ _____

GRANT REQUEST TYPE:

FAÇADE IMPROVEMENT BUSINESS RELOCATION SIGNAGE OTHER _____

PERSONAL INFORMATION

NAME _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

PROPERTY OWNER INFORMATION

PROPERTY OWNER, IF OTHER THAN BUSINESS OWNER:

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

BUSINESS INFORMATION

NAME OF BUSINESS _____

OREGON ASSUMED BUSINESS NAME (if different) _____

BUSINESS TYPE:

SOLE PROPRIETORSHIP LLC CORPORATION S CORP OTHER

BUSINESS ADDRESS _____

MAILING ADDRESS (if different than above) _____

BUSINESS WEBSITE: _____

BUSINESS HOURS & DAYS OF OPERATION _____

PHONE _____ EMAIL _____

EMPLOYER IDENTIFICATION NUMBER _____

TYPE OF BUSINESS, GOODS, MERCHANDISE SOLD OR SERVICES TO BE CONDUCTED ON PREMISES:

BUILDING TOTAL SQUARE FOOTAGE: _____ **BUILDING LINEAR STREET FRONTAGE:** _____

YOUR OCCUPANCY SQUARE FOOTAGE _____ **PUBLICLY ACCESSIBLE SQUARE FOOTAGE** _____

SINGLE STORY **TWO STORY** **MULTI-STORY (3 OR MORE)**

HAVE YOU MADE ANY SUBSTANTIAL CHANGES TO YOUR FLOOR PLAN? **YES** **NO**

ARE THERE RESIDENTIAL LIVING QUARTERS WITHIN COMMERCIAL BUILDING? **YES** **NO**

IF YES, SQUARE FOOTAGE OF LIVING QUARTERS: _____

DO YOU STORE, HANDLE, OR DISPENSE HAZARDOUS MATERIALS? _____

IF YES, PLEASE DESCRIBE: _____

REQUIRED ATTACHMENTS:

- PLANNING CLEARANCE WORKSHEET**
- SITE PLAN**
- ARCHITECTURAL DRAWINGS OR ARTIST’S CONCEPTION**
- FLOOR PLAN DRAWINGS**
- APPROVED DOCUMENTATION OF LIVING QUARTERS**
- DRAWINGS OF PROPOSED SIGNAGE WITH DIMENSIONS**
- LANDLORD/TENANT AGREEMENT/OWNER AUTHORIZATION**
- ASSESSOR MAP (WITH LOT DIMENSIONS)**
- BUSINESS REGISTRATION**
- OTHER** _____

OWNER SIGNATURE: _____ **DATE:** _____

OWNER PRINTED NAME: _____ **TITLE:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

APPLICANT PRINTED NAME: _____ **TITLE:** _____

CONSENT TO AUTHORIZE A PRE-FIRE INSPECTION OF THE BUSINESS PREMISES TO ALLOW DIAGRAMING THE INTERIOR OF THE BUILDING AND TO IDENTIFY FEATURES RELEVANT TO FIRE SUPPRESSION:

PLEASE SIGN HERE _____

Office use only:

Data entry date: _____

Building and Structures:

- Fire Structure
 Basement Second Story or higher Fire Suppression System Living on premises
 Alarm Alarm Company/Phone: _____

Zoning:

- Approved Denied

Planner

Signature: _____ Date: _____

Fire Chief

Signature: _____ Date: _____

Additional Action: _____

Please attach inspection results and recommendations

Office use only:

URBAN RENEWAL TASK FORCE MEETING DATE: _____

APPROVED: Y or N (TO AGENCY BOARD)

RECOMMENDATION (INCLUDING AMOUNT):

URBAN RENEWAL AGENCY MEETING DATE: _____

APPROVED: Y or N

CONDITIONS OF APPROVAL / REASON FOR DENIAL: _____

AMOUNT APPROVED: \$ _____ **(ATTACH CONDITIONS OF APPROVAL)**