



# DOWNTOWN APPLICATION

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OFFICE USE ONLY	
CASE #	
ACCT #	CK #
RECEIVAL DATE:	
DRB MEETING:	
HPC MEETING:	
MCRC MEETING:	
CDBG MEETING:	
PLANNER:	

## PROJECT LOCATION INFORMATION

Project Name

Project Address (Parcel ID if No Address Assigned or Multiple Addresses)      Legal Description (attach as a separate page if too large)

## APPLICATION (check all that apply)

### REVIEW BOARDS

- DOWNTOWN REVIEW BOARD
- HISTORIC PRESERVATION COMMISSION

### FINANCIAL ASSISTANCE

- MCRC PROGRAM
- COMMERCIAL FAÇADE GRANT

## APPLICANT INFORMATION

Name of Applicant      Company

Address      City      State      Zip Code

Email      Phone      Fax

*I agree to allow the City of Blue Springs to copy and distribute all project plans, materials, and information and post on the official City of Blue Springs web site as necessary for the project approval process, including public hearings. Additionally, I agree to pay the City of Blue Springs in full all applicable fees and costs required for the project approval process, including all public notifications.*

Applicant Signature      Date

## PROPERTY OWNER INFORMATION

Name of Property Owner      Company      Phone      Email Address

Address      City      State      Zip Code

*I declare, under penalty of perjury, that in applying for this application, I am the owner of this property and that the statements herein and all information herewith submitted are, to the best of my knowledge and belief, true and correct. In the event of corporate ownership, a list of all Directors, Officers, Stockholders of each Corporation owning more than five percent (5%) of any class of stock must be attached. With the signing and submittal of this application, I authorize the City of Blue Springs to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by City Council, Boards & Commissions, and City Staff. Additionally, as the legal owner of the above property, I hereby grant authorization to complete the improvements indicated on this application.*

Property Owner Signature      Date

**REQUIRED DOCUMENTS CHECKLIST FOR ALL APPLICATIONS**

<b>REQUIREMENT</b>	<b>DESCRIPTION</b>	<b>NUMBER</b>
<input type="checkbox"/> <b>Project Information</b>	Complete on 1 <sup>st</sup> page of this Application	
<input type="checkbox"/> <b>Project Description</b>	Provide narrative describing the project in space provided below. If necessary, attach additional pages	
<input type="checkbox"/> <b>Contact Information Sheet</b>	Complete the contact information on Page 3	
<input type="checkbox"/> <b>Additional Application Requirements</b>	Complete all applicable information listed on pages 4-6 of this application	
<input type="checkbox"/> <b>Other Required Information</b>	See <i>UDC Chapter 402 – Review &amp; Decision-Making Bodies</i> & <i>UDC Chapter 408 – Supplemental Standards</i> for all other required information.	

**PROJECT DESCRIPTION:**

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**ADDITIONAL APPLICATION REQUIREMENTS FOR  
DOWNTOWN REVIEW BOARD & HISTORIC PRESERVATION COMMISSION**

TYPE OF DEVELOPMENT	REQUIREMENT	FORMAT
<input type="checkbox"/> <b>New Building</b> <i>Only complete applicable sections</i>	<ul style="list-style-type: none"> <li>• Four (4) sets of scaled drawings showing the proposed site plan, building elevations, and landscape plan (if applicable).                             <ul style="list-style-type: none"> <li>○ Site Plan must show setbacks from right-of-way, property lines, and any other buildings on site.</li> <li>○ Building elevations must label building materials and colors.</li> </ul> </li> <li>• A Site Plan Design Review application may also be required.</li> </ul>	One 8.5"x11" AND plans large as necessary for legibility
<input type="checkbox"/> <b>Building Addition</b>	<ul style="list-style-type: none"> <li>• Four (4) sets of scaled drawings showing the proposed site plan, building elevations, and landscape plan (if applicable).                             <ul style="list-style-type: none"> <li>○ Site Plan must show setbacks from right-of-way, property lines, and any other buildings on site.</li> <li>○ Building elevations must label building materials and colors.</li> </ul> </li> <li>• A Site Plan Design Review application may also be required.</li> </ul>	One 8.5"x11" AND plans large as necessary for legibility
<input type="checkbox"/> <b>Building Façade Alterations (includes signage)</b>	<ul style="list-style-type: none"> <li>• Four (4) sets of scaled drawings showing the proposed building elevation changes.                             <ul style="list-style-type: none"> <li>○ Building elevations must label building materials and colors.</li> </ul> </li> <li>• Four (4) sets of photographs and/or renderings showing the proposed changes (Before &amp; After).</li> <li>• A Site Plan Design Review application may also be required.</li> </ul>	One 8.5"x11" AND plans large as necessary for legibility
<input type="checkbox"/> <b>New Accessory Structure</b>	<ul style="list-style-type: none"> <li>• Four (4) Plot Plans showing the proposed accessory structure.                             <ul style="list-style-type: none"> <li>○ Plot Plan must show location of accessory structure and applicable setbacks.</li> <li>○ Note the dimensions, square footage, height, and material of accessory structure.</li> </ul> </li> <li>• A Building Permit may also be required.</li> </ul>	One 8.5"x11" AND plans large as necessary for legibility

## ADDITIONAL APPLICATION REQUIREMENTS FOR COMMERCIAL FAÇADE GRANT

<b>PROJECT INFORMATION</b>	Address of Property to be Improved: _____	
	Number of Stories: _____ Is Building Located on a Corner? _____	YES NO
	Is this property located in a local historic district or conservation area? _____	YES NO UNSURE
<b>BUILDING OCCUPANCY</b>	Is the first floor of the building currently occupied? _____	YES NO
	Name of Business(es): _____ Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Other _____ Phone(s) _____	
	Are any upper floors of the building currently occupied? _____	YES NO
	Name of Business(es): _____ Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Other _____ Phone(s) _____	
<b>ITEMIZED COSTS</b>	<b><u>Attach minimum of 3 bids/estimates to this application.</u></b> Itemize the bids below for each portion of the project (i.e. exterior painting, window replacement, signage, etc.). <b><u>Circle the preferred bid number (#) for each item.</u></b> <i>Proof of payment (invoices/receipts) and at least one "after" picture is required for reimbursement after completion.</i>	
	ITEMIZED DESCRIPTION OF WORK: _____	Amount
	Bid #1 Submitted by: _____	\$ _____
	Bid #2 Submitted by: _____	\$ _____
	Bid #3 Submitted by: _____	\$ _____
	ITEMIZED DESCRIPTION OF WORK: _____	
	Bid #1 Submitted by: _____	\$ _____
	Bid #2 Submitted by: _____	\$ _____
	Bid #3 Submitted by: _____	\$ _____
	ITEMIZED DESCRIPTION OF WORK: _____	
	Bid #1 Submitted by: _____	\$ _____
	Bid #2 Submitted by: _____	\$ _____
	Bid #3 Submitted by: _____	\$ _____
	ITEMIZED DESCRIPTION OF WORK: _____	
	Bid #1 Submitted by: _____	\$ _____
	Bid #2 Submitted by: _____	\$ _____
	Bid #3 Submitted by: _____	\$ _____
<b>PROJECT COSTS</b>	Estimated Cost: \$ _____	Amount Requested: \$ _____
<b>ESTIMATED TIMELINE</b>	Start Date: _____	Completion Date: _____

I have read and understand the **Commercial Façade Grant Guidelines**. I understand that the Commercial Façade Grant must be used for the project described in this application and that all applicable review processes must be completed and approved prior to beginning construction. I understand that failure to comply with the approved application may result in losing my eligibility to receive funds. I acknowledge that the City of Blue Springs Community Development Department is obligated only to administer the grant procedures and is not liable to the applicant, owner, or third parties for any obligations or claims of any nature growing out of, arising out of or otherwise related to the project or application undertaken by the applicant and/or owner.

X

Applicant(s) Signature

Date

## ADDITIONAL APPLICATION REQUIREMENTS FOR MCRC PROGRAM

<b>PROJECT INFORMATION</b>	Address of Property to be Improved: _____		
	Does this applicant own the project building?		YES   NO
	I am applying for the following MCRC Program Incentives:		
	<ul style="list-style-type: none"> <li>• Tax abatement</li> <li>• Permit fee reduction</li> </ul>		YES   NO YES   NO
	Has this property received MCRC abatement before?		YES   NO
	Are you applying for any other programs for this project (i.e. HTC, LIHTC, CDBG)?		YES   NO
Amount of property taxes paid last year: \$ _____			
<b>BUILDING OCCUPANCY</b>	What is (are) the existing use (uses) of the building?		
	Existing Business Name	Business License Number	
	_____		
	_____		
	_____		
Does the proposal result in a change in use of the building? If so, please explain:		YES   NO	
_____			
_____			
_____			
<b>PROJECT DETAILS</b>	The project will involve the buildings: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Both		
	Estimated Investment: \$ _____		
	Program Level Requested: <input type="checkbox"/> Level A(1) <input type="checkbox"/> Level A(2) <input type="checkbox"/> Level B <input type="checkbox"/> Level C		
<b>ESTIMATED TIMELINE</b>	Start Date: _____   Completion Date: _____		

The information submitted herein is true and accurate to the best of my (our) knowledge. Also, I (we) have read and understand the conditions of the MCRC Tax Abatement Policy and agree to abide by its conditions and guidelines.

X

*Applicant(s) Signature*

*Date*

### MCRC TAX ABATEMENT PROGRAM LEVELS

	PURPOSE	INVESTMENT THRESHOLD	INCENTIVE AMOUNT	APPLICATION FEE
<b>LEVEL A (1)</b>	To attract sizable investments (market shifting)	\$1,000,000 minimum – Requires “But for” economic analysis, paid by the applicant	10 years 100% abatement + 15 years at 100% abatement	\$750
<b>LEVEL A (2)</b>	To attract sizable investments (market shifting)	\$750,000 Minimum	10 years 100% abatement + 15 years at 75% abatement	\$750
<b>LEVEL B</b>	To attract mid-market investments (market stimulating)	\$100,000 - \$749,000	10 years 100% abatement + 15 years at 50% abatement	\$750
<b>LEVEL C</b>	To attract market stabilizing investments (market stabilization)	\$5,000 - \$99,000	Equal to cost of improvements or 100% abatement for 10 years, whichever occurs first	\$250