

SECTION 11 – APPLICATION

COMMERCIAL GRANT PROGRAM

1) Applicant (Property Owner) <u>Brian Thompson</u>	
Entity Name (if any): <u>1700 North LLC</u>	
Full Legal Name and Title (if any): <u>Brian Paul Thompson Member</u>	
Mailing Address: <u>15 Avalon Street unit 503</u>	
City/State/Zip: <u>Clearwater, FL 33767</u>	
Phone Number: <u>704-622-1309</u>	E-mail Address: <u>brian@metarroofingsystems.biz</u>
Web Site (if available):	

2) Authorized Agent (If applicable)	
Entity Name (if any):	
Full Legal Name and Title (if any):	
Mailing Address:	
City/State/Zip:	
Phone Number:	E-mail Address:

3) Subject Property/Location of Proposed Project	
Address commonly known as: <u>1700 N. Fort Harrison Ave. Clearwater, FL 33755</u>	
Parcel Identification Number(s) or Folio Number(s): <u>09-29-15-05454-001-0010</u>	
Property is designated as a Local Landmark: Yes ___ No <input checked="" type="checkbox"/>	

4) Project description, scope of work to be performed, sketch plans and specifications detailing the scope of work (provide attachment if needed). Applicant understands that depending on the project, certain City Departments may require additional documentation, plans, etc. to properly review and approve the proposed project described in this application.

ROOF, HVAC, Electrical/Plumbing, Interior Paint, Decorative Fencing, Soffits and gutters, Exterior windows and doors, Exterior signage, Installation of patio, porches & plazas, Decorative lighting, Security lighting, Bicycle rack, parking area & driveway improvements, Awnings & canopies, Interior paint

5) Describe existing uses and conditions on the property (include photographs as attachments):
Microbrewery that closed down 1 year ago & is reopening as a microbrewery. Making improvements to the structure in order to reopen to the public. Property A

6) Financial Disclosure	
Amount of Grant Requested:	\$ 75,000
Project Budget – Sources/Uses of Funds (complete Attachment A: Project Budget)	
Owner Equity:	\$
Other Funds:	\$
Grant Request:	\$
Total Project Funding:	\$
My Property Is up to date with taxes, fees, and complies with City codes and regulations:	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If the Applicant has received loan or grant assistance from a city-managed financial assistance program for a project at this address, please specify the program(s) and the loan/grant amount(s).	
1.	\$
2.	\$

PLEASE NOTE: Grants are awarded on a first come, first qualified basis until funds have been depleted.

I UNDERSTAND THAT IN ORDER FOR MY REQUEST FOR GRANT FUNDING TO BE APPROVED, I MUST AGREE TO THE FOLLOWING CONDITIONS:

- 1) To adhere to the application procedures and guidelines as specified.
- 2) That additional improvements or changes not approved in the original grant application will not be funded by the CRA.
- 3) That disbursement of grant funds will only occur after:

- a) All improvements have been completed or as otherwise approved by the CRA Director;
- b) Inspections of the improvements are approved by the appropriate City Officials or other required authorities, if any; and
- c) Proof of payment, as described in this document, for project costs approved in the grant application.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THE GRANT GUIDELINES HEREIN ABOVE STATED. IN ADDITION, BY EXECUTING THIS APPLICATION, I ACKNOWLEDGE THAT I AM LAWFULLY AUTHORIZED TO EXECUTE THIS APPLICATION.

1700 North LLC
Entity Name (if any)

[Signature]
Applicant Signature

Brian P. Thompson Member
Printed Name and Title (if any)

11-5-24
Date

STATE OF FLORIDA COUNTY OF PINELLAS

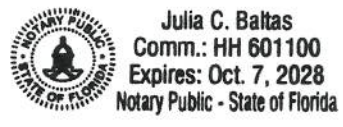
The foregoing instrument was acknowledged before me this 05 day of NOVEMBER 2024, by BRIAN PAUL THOMPSON, as (title if applicable) MEMBER of (Entity name if any) 1700 NORTH LLC, who [] is personally known to me or has produced identification.

Type of identification produced: FLDL

My commission expires:
(Notary Seal)

[Signature]
Notary Public Signature

JULIA C. BALTAS
Notary Public Print Name





Mail or hand deliver completed application form to:
Community Redevelopment Agency
City of Clearwater / 600 Cleveland Street, Suite 600 / Clearwater, FL 33755
For question call the Community Redevelopment Department at 727-562-4038.

SECTION 12 – ELIGIBLE CRA AREA MAP

NORTH GREENWOOD COMMUNITY REDEVELOPMENT AREA



 <p>Prepared by Department of Public Works - Engineering Group 07/04/2023 183 S. Myrtle Ave., Clearwater, FL 34736 Ph: (727) 462-4700, Fax: (727) 462-4745 www.cityofclearwater.com</p>	<p>North Greenwood CRA Boundary</p>	<p>Area not in Clearwater Jurisdiction</p>	 <p>Scale: N.T.S.</p>		
Map Gen By: KF		Reviewed By: ES	Aerial Flown 2023	Date: 10/20/2023	Page: 1 of 1

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