Case Number: NG- C-24-03

### **SECTION 11 - APPLICATION**

### COMMERCIAL GRANT PROGRAM

Entity Name (if any): 1760 North LC  Full Legal Name and Title (if any): Briam fant Thomy Sun Member  Mailing Address: 1g Avalon Great unit 503  City/State/Zip: C(garwater, FL 33747  Phone Number: 704-422-1309 E-mail Address: brian@metarroofmosystems.  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:  E-mail Address:	Applicant (Property Ow	ner) Brian Thompson	
Full Legal Name and Title (if any): Briam fant Thomm sun Member Mailing Address: 15 A val on SArcet unit 503 City/State/Zip: Clarwater, FL 33747 Phone Number: 704-427-1309   E-mail Address: brian@metanroofingsystems, 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: 1700 N. Fort Harrym Ave. Clarwater, FL 33755 Parcel Identification Number(s) or Folio Number(s): 09-29-15-09454-001-0010 Property is designated as a Local Landmark: Yes No X  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 property review and approve the proposed project described in this application.  \$POOF: HNAC, Electhical / Flumbing, Interior Paing, Percorative Fencing, Soffit's and Anters, Exterior Virindows and doors, Exterior Signage, Installation 0f Patio, Porches in Palas, Decorative Lighting, Scurity	Entity Name (if any): 1260		
Mailing Address: 19 A Valon GATELT UNIT 503  City/State/Zip: Claw water, FL 33747  Phone Number: 704-427-1309  E-mail Address: brian@metanroofingsystems.  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:  City/State/Zip:  Phone Number:  E-mail Address:  1700 N. FOYT HAVINGM ANE. Claw Water, FL 33755  Parcel Identification Number(s) or Folio Number(s):  09-29-15-05459-001-0010  Property is designated as a Local Landmark: Yes No x.  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.  POOF, HNRC, Electrical / Flumbing, Interior Paing, Decorative Fencing, Soffit's and gnitters, Exterior windows and doors, Exterior Signage, Installation  Of Patio, Porches in Plazas, Decorative lighting, Scarity	Full Legal Name and Title (if ar	Ty): Price Para Thomas My Manaber	
City/State/Zip: C(garwaytev, FL 33767  Phone Number: 704-622-1309  E-mail Address: brian@metanroofingsystems, biz  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:  City/State/Zip:  Phone Number:  E-mail Address:  3) Subject Property/Location of Proposed Project  Address commonly known as:  1700 N. FOY HAVNYM AVE. Clew Wavev, FL 33755  Parcel Identification Number(s) or Folio Number(s):  09-29-15-05459-001-0010  Property is designated as a Local Landmark: Yes No x  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.  \$\cupre>\text{\$\text{\$V\$}\$} \text{\$\text{\$V\$}\$} \text{\$\text{\$\text{\$V\$}\$} \text{\$\text{\$V\$}\$} \text{\$\text{\$V\$}\$} \text{\$\text{\$V\$}\$} \text{\$\text{\$\text{\$V\$}\$} \text{\$\text{\$V\$}\$} \text{\$\text{\$\text{\$V\$}\$} \text{\$\text{\$V\$}\$} \text{\$\text{\$\text{\$V\$}\$} \text{\$\text{\$\text{\$V\$}\$}} \text{\$\text{\$\text{\$V\$}\$} \text{\$\text{\$\text{\$V\$}\$}} \text{\$\text{\$\text{\$\text{\$V\$}\$}} \$\text{\$\tex	Mailing Address:   A Val	on sarect what 503	
Phone Number: 704-422-1309	City/State/Zip: CLOON NO	1ev. FL 33747	
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:  1700 N. FOrt Harnigh Ave. Clawwater, FL 33755  Parcel Identification Number(s) or Folio Number(s):  09-29-15-05454-001-0010  Property is designated as a Local Landmark: Yes No x  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.  LOOF, HVAC, Electrical / Lumbing, Interior Paint, Pecorative Fencing, Soffit's and Antters, Exterior Windows and doors, Exterior Signage, Installation  Of Patio, Porches in Paints, Decorative Installation	Phone Number: 704 - (027	- 1309 E-mail Address: brian@metarragen	asy come
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:  1700 N. FOYT HAVNIM AVE. CLUMWAVEY, FL 33755  Parcel Identification Number(s) or Folio Number(s):  09-29-15-09454-001-0010  Property is designated as a Local Landmark: Yes No x_  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.  POOF, HVAC, Electrical / [Lymbing, Interior faint, Pecorative Fencing, Soffit's and gniters, Exterior windows and doors, Exterior Signage, Installation  Of Patto, Porches & Plazas, Decorative Lighting, Scurity		750 1	biz
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Mailing Address:  City/State/Zip:  Phone Number:    E-mail Address:   Subject Property/Location of Proposed Project	Entity Name (if any):		
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Phone Number:  E-mail Address:  3) Subject Property/Location of Proposed Project  Address commonly known as:  1700 N. Fort Harrigm Ave. Claw Water, FL 33755  Parcel Identification Number(s) or Folio Number(s):  09-29-15-05454-001-0010  Property is designated as a Local Landmark: Yes No x.  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.  \$\text{POOF}_1 \text{HVAC}_1 \text{Electrical} / \text{FLVMDing}_1 \text{Interior} / \text{Interior} / \text{Poing}_1 \text{Soffits and dntters}_1 \text{Exterior} / \text{Paing}_1 \text{Soffits and dntters}_1 \text{Exterior} / \text{Paing}_1 \text{Soffits and dntters}_1 \text{Exterior} / \text{Paing}_1 \text{Soffits}_2 \text{Soffits}_3 \text{And dntters}_1 \text{Exterior} / \text{Exterior} / \text{Paing}_1 \text{Soffits}_2 \text{Soffits}_3 \text{Soffits}_4 Soffits	Mailing Address:		
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Address commonly known as: 1700 N. FOYT HAVNAM AVE. CLAW WOLLEY, FL 33755  Parcel Identification Number(s) or Folio Number(s): 09-29-15-05454-001-0010  Property is designated as a Local Landmark: Yes No x  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.  \$\int_{00} \int_{1} \text{VAC}, \text{Electrical} / \int_{1} \text{Umbing}, \text{Interior} / \text{Painty}, \text{Perior} \text{Vainty}, \text{Perior} \text{Vainty}, \text{Verior}	Phone Number:	E-mail Address:	
Address commonly known as: 1700 N. FOYT HAVNAM AVE. CLAW WOLLEY, FL 33755  Parcel Identification Number(s) or Folio Number(s): 09-29-15-05454-001-0010  Property is designated as a Local Landmark: Yes No x  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.  \$\int_{00} \int_{1} \text{VAC}, \text{Electrical} / \int_{1} \text{Umbing}, \text{Interior} / \text{Painty}, \text{Perior} \text{Vainty}, \text{Perior} \text{Vainty}, \text{Verior}			
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POOF, HVAC, Electrical /flumbing, Interior Pains, Decorative Fencing, Soffits and gnitters, Exterior Windows and doors, Exterior signage, Installation Of Patio, Porches & Plazas, Decorative lighting, Scounty	detailing the scope of w that depending on the p documentation, plans, e	ork (provide attachment if needed). Applicant understands roject, certain City Departments may require additional tc. to properly review and approve the proposed project	
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of Patio, Porches & Plazas, Decorative lighting, Scourity	windows and door	s', Exterior Signage, Installation	
improvements, Awnings & canopies, interior paint	of Patio, Porches hi	Plazas, Decorative lighting, Scenity	
improvements, Awnings & canopies, interar paint	lighting , Bicycle &	fack, larving area & drive way	
	Improvements, An	inings à canopies, intera paint	

	I conditions on the property (include photographs as
reopening as a min to the structure public. Property	Closed down Tylar ago & is crobrevery. Making Improvement in order to reopen to the
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 taxe	es, fees, and complies with City codes and regulations:
Yes_X No	
	or grant assistance from a city-managed financial t this address, please specify the program(s) and the
2.	\$

<u>PLEASE NOTE:</u> 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)	•		
B. Hy	BRIAN P. Thompson Member		
Applicant Signature	Printed Name and Title (if any)		
11-5-24 Date			
STATE OF FLORIDA	COUNTY OF PINELLAS		
The foregoing instrument was acknowledged before me this day of			
by BRIAN PAUL THOMPSON	, as (title if applicable) Member		
of (Entity name if any) 1700 Noc	TH LLC , who [ ] is		
personally known to me or [ / ] ha	s produced identification.		
Type of identification produced:	FLOL		
My commission expires: (Notary Seal)	Notary Public Signature    JULIA C. PALTAS		
Julia C. Baltas Comm.: HH 601100 Expires: Oct. 7, 2028 Notary Public - State of Florida			

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



North Greenwood CRA

Boundary

Description of Part States Agreed By: ES

Aerial Flown 2023

Date: 10/20/2023

Page: 1 of 1

Scale, N.T.S;

Description of Page: 1 of 1

Scale, N.T.S;

Description of Page: 1 of 1

Scale, N.T.S;