



**TOWN OF EATONVILLE COMMUNITY REDEVELOPMENT AGENCY
PAINT, PLANT, and PAVE PROGRAM APPLICATION**

Property Owner Name: _____

Co-Property Owner Name: _____

Address: _____

Email Address: _____

Phone Number(s): **(Home)** _____ **(Cell)** _____

Do you currently own the property? _____ **Yes** _____ **No**

PROJECT DESCRIPTION (A minimum of 3 different items must be proposed)

Have you received any funding assistance from the Town of Eatonville to date? _____ **Yes** _____ **No**

If yes, please provide program name(s), dates and amounts awarded:

For any questions, please contact the Town of Eatonville CRA at 407-623-8916 or email cra@townofeatonville.org.

Applications can be submitted to cra@townofeatonville.org or in person at Town of Eatonville Town Hall, 307 E. Kennedy Blvd. Eatonville, FL 32751.

THIS APPLICATION MUST BE SUBMITTED TO THE TOWN OF EATONVILLE COMMUNITY REDEVELOPMENT AGENCY AND APPROVED BY THE TOWN OF EATONVILLE COMMUNITY REDEVELOPMENT AGENCY BOARD PRIOR TO THE COMMENCEMENT OF ANY WORK SOUGHT TO BE REIMBURSED UNDER THE PROGRAM

The Applicant, _____, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by Town of Eatonville Community Redevelopment Agency (TOECRA) Staff is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application. The TOECRA maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Paint, Plant, and Pave Program, the Applicant agrees that it will enter into a Funding Agreement with the Town of Eatonville Community Redevelopment Agency with terms relating to, among other things, the TOECRA's right to receive re-payment of program funds, the TOECRA's right to review and audit any and all records related to the Agreement, and the TOECRA's payment of program funds only upon completion of the project as approved. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of distributed funds.

By signing below, the Applicant/Property Owner acknowledges that they have read and agree to the Paint, Plant, and Pave Program policies, procedures, and conditions.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

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EXHIBIT B - OWNER'S AFFIDAVIT OF CONSENT
STATE OF FLORIDA
COUNTY OF ORANGE

Before me, the undersigned authority, this day personally appeared

Who, duly sworn, upon oath, deposes and says:

1. That they are the duly authorized representative of owner requesting approval of façade grant for the property described below.
2. That all owners that they represent have given their full and complete permission for them to act on their half for the above-stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses, and legal descriptions for the real property, of which they are the owner of representative.
4. That I acknowledge the applicant's request for funding to make alterations to the property and understand that recommendations may be made by the TOE's Historic Preservation Board, and TOE Planning in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature _____ Date: _____

PROPERTY ADDRESS

Sworn to and subscribed before me

This _____ day of _____ 20____

Notary Public, State of Florida at Large
My Commission Expires: