



**TOWN OF EATONVILLE COMMUNITY REDEVELOPMENT AGENCY
DEMOLITION ASSISTANCE PROGRAM GUIDELINES**

All items on the checklist are required to submit your application.

Incomplete applications cannot be accepted.

**PLEASE SUBMIT TWO (2) COMPLETE SETS OF THE APPLICATION AND RELATED
DOCUMENTS**

- _____ Original Application (Including Project Description and Application Signature pages)
- _____ Color photographs of all building walls that can be seen from the street (Photos must be 8"x10" or larger and must show the entire building façade in each photo)
- _____ Owner's Affidavit (Must be completed, signed, and notarized)
- _____ Current Site Survey
- _____ Description of proposed plans for the site post demolition

PROGRAM GUIDELINES

Eligibility Criteria

- Must be a permanent structure
- Must be vacant and uninhabitable
- Must be current on property taxes
- Property must be clear of any outstanding liens
- Must be free of hazardous materials/ substances

Eligible Use of Funds

- Demolition
- Disposal

Required Documents

- Completed application
- Proof of ownership
- Proof of current property tax payments
- Photos of structure proposed for demolition
- Itemized estimates of demolition and disposal costs (minimum of 2 quotes)

Award Information

- Applications will be reviewed and approved on a first come, first served basis, while funds are available.
- Up to 50% of cost, not to exceed \$5,000 for residential structures and up to \$10,000 for commercial structures

Please submit the completed application to srose@townofeatonville.org. If you have any questions or need additional assistance, please contact Shaniqua Rose, CRA Executive Director at 407-623-8916.

PROJECT INFORMATION

Property Owner/Applicant Name: _____

Date: _____

Project Address: _____

Phone Number: _____

Parcel ID: _____

Email Address: _____

Funding Amount Applying For: _____

Project Description (Please describe the project and submit any drawings as may be applicable):

Applicant Certification and Signatures

I certify that the information provided in this application is true and accurate to the best of my ability and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein.

Applicant Signature: _____

Print Name: _____

Date: _____

Bid Information

As owner of the property/properties located below, I have received a minimum of two quotes to undertake the activities specified in this application.

Property Address: _____

Property Identification Number: _____

Owner Signature: _____

Print Name: _____

Date: _____

Bids Attached: _____

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 Demolition Assistance 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 Demolition Assistance 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 the 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: