CALHOUN COUNTY LAND BANK AUTHORITY COALITION BROWNFIELD ASSESSMENT GRANT APPLICATION FORM

Please return the completed form and attachments to:

Krista Trout-Edwards
Executive Director
Calhoun County Land Bank Authority
315 West Green Street
Marshall, MI 49068
269.781.0777
landbank@calhouncountymi.gov

Application Information

Developer:_____

Address:_____ Phone No.:_____

Type of Ownership: ☐ Private ☐ Public Owner (Entity):_____

Property Access Agreement In-place: ☐ Yes ☐ No

Property Information

Project Name:_____ Property Acreage:_____

Address/Location:_____

Parcel Identification No.(s).:_____

Number of Buildings:_____

Square Footage of Buildings:_____

Zoning:_____ Surrounding Land Use:_____

Current Owner:_____

Previous Owners:_____

Historic Property Uses:_____

Assessment Grant Request

☐ Phase I ☐ Phase II ☐ BEA ☐ Due Care ☐ Hazmat Survey ☐ Other _____

Anticipated Cost:_____

CALHOUN COUNTY LANDBANK AUTHORITY

Previous Environmental Activities Completed

☐ Phase I ☐ Phase II ☐ BEA ☐ Remediation ☐ None ☐ Unknown

Please provide copies of any available environmental reports.

Personal knowledge/common knowledge of environmental issues on the site: _____

_____

Potential Environmental Concerns

☐ Former Gasoline Station ☐ Asbestos/Lead ☐ Potential Industrial Property

☐ Tanks (Below Ground) ☐ Drums ☐ Pits ☐ Abandoned Buildings

☐ Other Potential Environmental Hazards: _____

Potential for Redevelopment

Planned Reuse: _____

_____

_____

☐ Existing Development Agreement ☐ Developer actively pursuing the property

☐ Interest has been expressed in property ☐ City/Township is actively pursuing redevelopment

☐ High potential for redevelopment once it is cleared and/or response activities taken

Comments: _____

_____

_____

_____

Please provide site plans for redevelopment, if available.

Community Impact

Please describe the impact you feel your proposal will have on the community.

_____

_____

_____

Capital Investment and Economic Impact (if known)

Total Project Investment:_____ Anticipated Project Development Date: _____

Total Estimated New Taxes Generated:_____

Anticipated Project Completion Date:_____

Estimated Permanent Jobs Created:_____ Estimated Temporary Jobs Created:_____

Has funding been secured? ☐ Yes ☐ No Please list types and amounts. _____

Source of Funds:_____ Amount:_____

Source of Funds: _____ Amount: _____

Source of Funds: _____ Amount: _____

Brownfield TIF: ☐ Yes ☐ No Amount:_____

Brownfield Grant/Loan: ☐ Yes ☐ No Amount: _____

Please provide any additional information that you believe will help the Coalition evaluate your project :

_____

_____

_____

_____