

THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT PRIOR TO THE COMMENCEMENT OF ANY WORK SOUGHT TO BE REIMBURSED UNDER THE PROGRAM



CITY OF ORLANDO

Economic Development Department

SMALL BUSINESS FACADE PROGRAM APPLICATION

Subject Property Information:

Project Address: 921 North Mills Ave., Orlando, FL 32803

Parcel ID Number(s): 24-22-29-3556-01-040

City Zoning: PD/T

City Commission District: District 4

APPLICANT:

Name: James Clifford Martin DVM, PA

Business Name (as filed with State of FL) James Clifford Martin DVM, PA

Business Mailing Address: 2000 N Mills Ave. Orlando, FL 32803-1434

Phone number: (407) 896-0941

Fax Number: (407) 896-0535

Email: jmartin@lochhavenvet.com

Property Owner (if different than Applicant):

Name:

Mailing Address:

Phone number:

Fax Number:

Email:

City of Orlando Economic Development Department ♦ 400 South Orange Avenue, 6th Floor
Orlando, FL 32801 ♦ (407) 246-2821
www.cityoforlando.net/economic

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PROJECT DESCRIPTION

This project converts an existing structure from an office/training center to a veterinary hospital facility.

A 852 S.F. addition will be added to the structure along with related site work and improvements to the facade.

Facade Specific Scope of Work:

Sitework (\$45,180.00) Landscaping (\$24,072.00) Fencing (\$8,745.00)

Roofing & Framing (\$81,612.00) Masonry (\$8,443.00) Storefront & Windows (\$25,300.00)

Exterior Paint, Stucco, Stone (\$15,122.00)

Total Project Cost: \$ 208,474.00

Applicant's Funding \$ 188,474.00

Total Program Funding Requested \$ 20,000.00

Have you received any funding assistance from the City of Orlando to date? No

If yes, please provide descriptions and amounts received: _____

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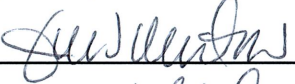
APPLICATION SIGNATURE


The Applicant, James Clifford Martin D V M P A, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by City of Orlando Economic Development Staff, the Façade Grant Review Committee, the Orlando City Council 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. In addition, you may be subject to prosecution under Orlando City Code Section 43.16, False Information. The Economic Development Department maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Small Business Façade Program, the Applicant agrees that it will enter into a Funding Agreement with the City of Orlando with terms relating to, among other things, the City's right to receive re-payment of program funds, the City's right to review and audit any and all records related to the Agreement, and the City'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 authorizes the City of Orlando to request criminal background checks from local, state, and federal agencies. Please note that a criminal background check is conducted on every applicant and that review of this application is contingent upon satisfactory completion of a criminal background check.

By signing below, the Applicant/Property Owner acknowledges that they have read and agree to the Small Business Façade Program policies, procedures, and conditions.

Applicant Signature:  Date: 3/10/14

Property Owner Signature:  Date: 3/10/14

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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
James Clifford Martin D V M P A

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

1. That he is the duly authorized representative of owner requesting approval of façade grant for the property described below.
2. That all owners that he represents have given their full and complete permission for him to act in their behalf 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 he is the owner or 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 City's Appearance Review Board, Board of Zoning Adjustment and, when appropriate, Historic Preservation Board, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth, not.

Signature



PROPERTY DESCRIPTION

HIGHLAND GROVE E/8 LOTS 2 4 & 5 (LESS W 20 FT FOR RD) & LOTS 21
THROUGH 23 & THE S1/2 OF LOT 19 BLK A

PROPERTY ADDRESS

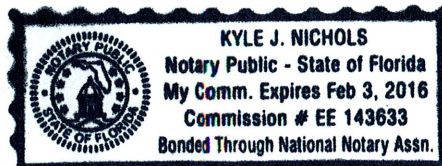
921 North Mills Ave., Orlando, FL 32803

Sworn to and Subscribed before me

this 18th day of March 20 14

Notary Public, State of Florida at Large

My Commission Expires: 02/03/2016



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