

**City of Effingham
Tax Increment Financing District
Downtown/Southtown Business Area
Redevelopment Program Application**

The following information must be fully completed in order for your application to be processed:

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Start Date for Improvements: _____

End Date for Improvements: _____

Total Project Cost: _____

Please attach the following:

1. A copy of the deed for the building.
2. A copy of the plans, drawings, or other documents showing your proposed redesign, rehabilitation and/or reconstruction of the building.
3. A copy of the cost estimates for the proposed improvements.

This application will serve to help formulate the work plan for the proposed project. The work plan shall be consistent with the Redevelopment Program Plan and shall reflect any changes or deviations from the Plan. Improvements can begin after the Effingham City Council approves the application, work plan, and agreement. All approved work must be completed within twelve (12) months after the date of the City Council's approval.

Certification

I, _____, certify that I am the owner of the real estate being
(Print Name)
redeveloped and I am in good standing with the City of Effingham and the State of Illinois with no taxes or fees owed which are outstanding.

Signature