Application

Lumber City Development Corporation – City of North Tonawanda Commercial Property Reinvestment Program

eı	rty:
	-
	Name of Applicant:
	Name of Applicant:
	Applicant address:
	Phone number: Home Cell
	Applicant email address:
	Financial good standing in the City of North Tonawanda:
	a) Do you own any other property in North Tonawanda? Yes No
	b) Are property taxes paid to date on <u>all property</u> owned by applicant?
	c) Are water charges paid to date on all property owned by applicant?

The City will verify that all taxes and sewer/water charges are current on properties in North Tonawanda owned wholly or in part by the Applicant(s) before the sales contract is signed.

(complete reverse side)

6.	Proposed improvements and financing:			
	a)	What improvements do you wish to make to your building? List in order of priority.		
Attach an additional page if necessary.				
	b)	Do you plan to use your own funds or secure outside financing for the improvements?		
7.	Propo	sed commercial use of the property?		
Lumb Tonav	er City D wanda, p	nt(s) has/have a business relationship with or is/are related by blood or marriage to a Development employee of Board Member, or to an elected official of the City of North blease describe the nature of the relationship. Lumber City Development will determine if otherest exists.		
ALL A	PPLICAN	ITS OWNERS MUST SIGN BELOW.		
Signa	ture	Signature		
Printe	ed Name	Printed Name		
Date		Date		