



COMMERCIAL CATALYST PROGRAM REQUEST FORM

Business Name **Date**

Business Street Address **City** **State** **Zip Code**

Business Phone **Business Fax** **Business E-Mail Address**

Property Owner/Tenant Name

Property Owner

Tenant

Owner/Tenant Street Address **City** **State** **Zip Code**

Owner/Tenant Phone **Owner/Tenant Fax** **Owner/Tenant E-Mail Address**

Estimate or quote of total project cost (attach estimates): \$ _____

Amount of Catalyst Program fund request*: \$ _____

**Applicant will be reimbursed for no more than 50% of the total completed project cost or an amount approved by the Derby Review Board, whichever is less.*



ACKNOWLEDGMENT OF APPLICATION PROVISIONS

- I affirm that this project will not be initiated without written commitments and completed contracts with the City of Commerce City.
- I affirm that this project conforms to all codes, ordinances, and regulations as well as the common design principles established for the Catalyst Program.
- I affirm that all applicable permits will be obtained for this project and all accompanying inspections will be successfully completed in order to receive reimbursement.
- I affirm that I am in good standing with the City of Commerce City with respect to taxes, fees, loans, or other financial obligations to the city.
- I agree that if this project is selected for a grant from the City of Commerce City, photographs of my property may be used in promotional materials for the commercial Catalyst Program.
- I affirm that the requisite materials are included with this submittal.
- I understand that in some cases, an architect and/or engineer must prepare documents for building permit approval.
- I understand that all applicable permits must be obtained, and all accompanying inspections must be successfully completed.
- I understand that all project-related invoices must be submitted for review at conclusion of the project prior to reimbursement. In addition, approved copies of required city building permits must be submitted as a condition of reimbursement.

Applicant's Printed Name & Signature

Date

Commerce City Representative

Date

I understand that all project-related invoices must be submitted for review at conclusion of project prior to reimbursement. In addition, approved copies of required city building, sign, and fence permits must be submitted as a condition of reimbursement.

FOR OFFICE USE ONLY	
_____ Date Project Initiated	_____ Date Project Completed