



**MIAMI DADE COUNTY BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR BROWNFIELD DESIGNATION**

Please complete this form to initiate the Brownfield designation process. It is important to complete all applicable sections and attach all necessary information. If you have any questions concerning completion of this Application or wish to schedule a Pre-Application Meeting, please call (305) 375-1254 and ask for a Brownfield Representative.

I. PROPERTY INFORMATION

Property Address _____

Property Name _____

City _____ State _____ Zip Code _____

Property Size (acres/square feet) _____

Parcel Number(s) _____

Folio Number _____

Zoning _____

DERM File Number _____

FDEP File Number _____

Name of Applicant's Interest in Property

- _____ Owner
- _____ Tenant
- _____ Under Contract
- _____ Option to Purchase/Lease
- _____ Letter of Intent
- _____ Other (If so, please describe briefly: _____)

Is property subject to an enforcement action under the Comprehensive Environmental Compensation or Liability Act, the Resource Conservation and Recovery Act, or Chapter 376 or 403, Florida Statutes?

If so, please provide a brief description of the material facts and circumstances associated with such action(s).

If the project consists of an assemblage, please include all property information for each additional parcel as an attachment, including legal descriptions.

Describe all outstanding property taxes due on the property.

Describe all liens on the property.

II. PROJECT DESCRIPTION

Briefly describe the project and the anticipated redevelopment plan.

Briefly describe the environmental conditions and issues associated with the project.

Briefly describe any anticipated plans for assessment and remediation of the environmental conditions associated with the property.

Will your project require a change in zoning and /or the County's Comprehensive Plan? If so, please provide a brief description of the material facts and circumstances associated with such change(s).

Please attach a statement demonstrating that the project currently qualifies for designation as a Brownfield Area under the Florida Brownfield Redevelopment Act (or will qualify prior to the date the item is brought before the County Commission). Note that reasonable assurances must be provided by the Applicant that sufficient financial resources are available to implement and complete a rehabilitation agreement and redevelopment plan. Accordingly, your statement must outline the financial resources that are available in this regard.

If you intend to apply for the Brownfield Job Refund Bonus or the Brownfield Economic Development Initiative (Revolving Loan Fund), please indicate so by attaching a statement that discusses why you believe your project qualifies. Note: A separate application process exists for these programs.

Please attach any non confidential environmental assessment documentation associated with the project, including Phase I and Phase II Reports, Site Assessment Reports, and Remedial Action Plans.

III. APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

Ownership Interest
in Property _____

Legal Status of the Applicant:

_____ Individual /Sole Proprietorship _____ General Partnership _____ State
_____ Limited Liability Company _____ Limited Partnership
_____ Florida Corporation
_____ Out-of-State Corporation State of Incorporation _____

Name of current Property owner if different from Applicant _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

Legal Status of the Current Property Owner (s):

_____ Individual /Sole Proprietorship _____ General Partnership _____ State
_____ Limited Liability Company _____ Limited Partnership
_____ Florida Corporation
_____ Out-of-State Corporation State of Incorporation _____

If the current property owner is not the applicant, please attach an affidavit from the current owner that it does not object to designation of the Property as a Brownfield Area under the Florida Brownfield Redevelopment Act.

IV. SERVICES TO BE PROVIDED

Have you requested a Brownfield Meeting prior to completing this application? ___ Yes
___ No

In order to better assist you, please check the type of designation you are requesting and the type of assistance/incentives (check all that apply) you are seeking through this designation:

Type of Designation: _____ Several parcels _____ Single parcel

Type of Assistance/Incentives requested:

_____ Regulatory Assistance (aid for meeting government agency permitting requirements)

_____ Technical Assistance (aid in obtaining grants, loans, etc.)

_____ Grants (gap financing for Brownfield remediation)

_____ Loan (remediation loan funds)

_____ Tax Credits/Exemptions due to Brownfield Area Designation

_____ Job Creation Tax Refund due to Brownfield Area Designation

Other (please describe):

Return completed form and attachments to:

Office of Economic Development and International Trade

111 NW 1st Street – 19th Floor

Miami, FL 33128

305 375-1254

<http://www.miamidade.gov/oedit/>

V. CERTIFICATION

The contents of this application shall be considered public records held by Miami Dade County and upon submittal becomes the property of Miami Dade County. The undersigned affirms that the information contained in this application is true and accurate.

Applicant's Signature: _____ Date: _____

Print / Type Name: _____

FOR OFFICIAL USE ONLY

Applicant Received by: _____ Date: _____

Application Completeness Reviewed by: _____

_____ Application Complete _____ Application Incomplete

Specify reason(s) below:

Applicant Contacted on: _____

Applicant Phone Number: _____

Applicant E-mail: _____

Date corrected information received to complete application (if applicable):

Signature of Reviewer: _____ Date: _____

As of 12/11/09