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.

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________________________________________________________________________

________________________________________________________________________

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