

**ESCAMBIA COUNTY BROWNFIELD SITE DESIGNATION FORM**

Please complete the following information as applicable:

- 1. Name: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Telephone Number: \_\_\_\_\_
- 4. Fax Number: \_\_\_\_\_
- 5. E-Mail Address: \_\_\_\_\_
- 6. Parcel Street Address: \_\_\_\_\_
- 7. Parcel Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate the following:

Brownfield Designation :

    Within a Community Redevelopment Area (CRA) \_\_\_\_\_

    Outside CRA \_\_\_\_\_

(A \$1000.00 administration fee is required for all designations outside the CRA. Please make checks or money orders payable to Escambia County BOCC)

- 9. Attach a copy of the deed evidencing ownership of the property or power of attorney to act on behalf of owner. If the owner is a corporation, attach a copy of a certificate of good standing to do business in the state of Florida and identification of the corporate officers.
- 10. Identify the proposed redevelopment and explain how that redevelopment will be consistent with the Escambia County Comprehensive Plan, Land Development Code, and any applicable Community Redevelopment Plans. Please attach a separate sheet of paper for additional comments. If redevelopment is not planned, state the purpose of the request to become designated as a brownfield site.  
\_\_\_\_\_  
\_\_\_\_\_
- 11. Explain how Brownfield rehabilitation will create new full or part-time permanent jobs and how many of each. Please attach a separate sheet of paper for additional comments.  
\_\_\_\_\_  
\_\_\_\_\_

12. Attach evidence that you have notified neighbors and nearby residents that you are submitting an application for Brownfield Site Designation on the above described parcel and that they can contact the Escambia County Community Redevelopment Agency with comments or suggestions. Attach a list of neighbors and nearby residents to this application. Include in the list names, addresses and telephone numbers.
13. Do you currently plan to complete a Brownfields Site Rehabilitation Agreement (BSRA) for the proposed clean up plan? \_\_\_\_\_
14. Identify the incentives you will probably be applying for.

- | <u>County</u>   | <u>State</u>  |
|---|---|
| <input type="checkbox"/> Environmental Assessment     | <input type="checkbox"/> Qualified Target Industry Job Creation |
| <input type="checkbox"/> Environmental Remediation    | <input type="checkbox"/> Redevelopment Bonus Refund             |
| <input type="checkbox"/> CRA Commercial Grant Program | <input type="checkbox"/> Voluntary Cleanup Tax Credit           |
|   | <input type="checkbox"/> Lender Liability                       |
|   | <input type="checkbox"/> Loan Guarantee                         |
|   | <input type="checkbox"/> Comfort Letter                         |
|   | <input type="checkbox"/> Tax Credits                            |
|   | <input type="checkbox"/> BSRA Liability Protection              |
|   | <input type="checkbox"/> Building Materials Sales Tax Refund    |
|   | <input type="checkbox"/> Enterprise Zone                        |

15. If participating in the Escambia County Financial Assistance Program, please explain and provide reasonable assurances that you are able to implement and complete any and all cost sharing obligations for assessments and clean up of the brownfield site.
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16. I hereby affirm the information in this application and its attachments are true and accurate to the best of my knowledge and understand and acknowledge the following:
- 16.1 The Escambia County Neighborhoods and Community Services Bureau/Community Redevelopment Agency (NCSB/CRA) will review the application submitted within thirty (30) days of receipt.
  - 16.2 Within forty (40) days of receipt at Neighborhoods and Community Services Bureau /CRA, I will be notified in writing regarding whether my application has been recommended or not recommended for designation.
  - 16.3 If rejected, the Neighborhoods and Community Services Bureau /CRA will provide me written explanation of why the application was rejected and notice that I may resubmit the application in the event circumstances change or additional information has becomes available.

- 16.4 If accepted, Neighborhoods and Community Services Bureau /CRA staff will advise me when the notice will be published in the newspaper and when the designation request will be presented to the Board of County Commissioners.
- 16.5 I acknowledge and understand that once information is submitted to Neighborhoods and Community Services Bureau /CRA on my Application for Escambia County Brownfield Site Designation by me or by third parties, the information is subject to public inspection pursuant to Chapter 119, Florida Statutes, and may be disclosed to members of the public and other regulatory agencies upon request.
- 16.6 I acknowledge and understand that should the Board of County Commissioners designate my property as a Brownfield site, Escambia County shall have no liability or responsibility for any requirements related to the rehabilitation, remediation or economic development of the property and that Property owner shall be totally responsible for the complete expense, except for any specific financial assistance agreed to by Escambia County to the property owner. Escambia County does not and has not warranted, represented, agreed or implied the condition of the Property as suitable for redevelopment and Property Owner understands and agrees that it has conducted all studies, tests and investigations that it feels necessary and desirable to satisfy itself of the property's condition and appropriateness for intended use.
- 16.7 Furthermore, I understand that Brownfield designation alone is not a waiver of my responsibility for rehabilitation, remediation, or other environmental cleanup, which may be required by Escambia County or other governmental agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who did ( ) did not ( ) take an oath. He/She is ( ) personally known to me ( ) produced current State of \_\_\_\_\_ driver's license as identification, or ( ) produced current \_\_\_\_\_ as identification.

(Notary Seal must be affixed)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expires \_\_\_\_\_