



**Community Redevelopment Agency**  
 105 Miracle Strip Parkway SW  
 Ft. Walton Beach, FL 32548  
 850-586-7814  
 cradept@fwb.org  
 www.fwb.org/cra

**CRA Grant and Incentives Program Application**

Development Permit Fee     Asbestos Mitigation     Facade Grant  
 Nuisance Abatement     Building Code Compliance Upgrade

Project/Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_ Ft. Walton Beach, FL 32548

Name of Applicant: \_\_\_\_\_ Contact Info: Cell # \_\_\_\_\_

Address: \_\_\_\_\_ Business #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Property Tax Parcel ID Number: \_\_\_\_\_ New Business  Yes  No

Is applicant property owner?  Yes (no need to complete property owner information below)

No (please provide completed Property Owner's Consent form)

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Notarized property owner's consent attached (must be completed with this application)

Estimated Project Cost: \_\_\_\_\_ Total Building Size (sq. ft.) \_\_\_\_\_

Building Use (Restaurant, Retail, Office, etc.) \_\_\_\_\_ Added Units: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this location previously received any Grants/Incentives through the CRA or City of Ft. Walton Beach, FL?

No  Yes Date and Name of Grant/Incentive: \_\_\_\_\_



## Acknowledgement

By signing below I, \_\_\_\_\_, acknowledge that I am submitting an application for the Grant and Incentives Program through the City of Fort Walton Beach Community Redevelopment Agency (CRA). The purpose of this application is to cover costs relating to the project located within the Community Redevelopment Agency (CRA) district at \_\_\_\_\_

Ft. Walton Beach, FL 32548. I have a clear understanding of the following :

- Grant funding and benefits are contingent upon CRA approval
- Funding availability is not to be construed as an entitlement or right of a property owner or applicant
- I am responsible for providing permits and/or any construction documents required for any work
- This application, attachments and fees become part of the official records of the City of Fort Walton Beach, Florida and are not returnable

The information provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Signature

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### \*\*\*\*\*CRA Administrative Office Only\*\*\*\*\*

**Application initiated due to:** \_\_\_\_\_ Code Violation notice \_\_\_\_\_ Applicant request

**Property Type:** \_\_\_\_\_ Multi-family housing \_\_\_\_\_ Commercial \_\_\_\_\_ Mixed Use  
\_\_\_\_\_ Light manufacturing/Industrial \_\_\_\_\_ Technology Industry \_\_\_\_\_ Service Industry

**Documentation Submitted:** \_\_\_\_\_ Proof of need (if required) \_\_\_\_\_ Completed Application  
\_\_\_\_\_ Proof of property ownership or \_\_\_\_\_ Owner's consent

**Additional CRA applications submitted and awarded funds:**

\_\_\_\_\_ Facade (\$\_\_\_\_\_) \_\_\_\_\_ Nuisance Abatement (\$\_\_\_\_\_)  
\_\_\_\_\_ Building Code Compliance (\$\_\_\_\_\_) \_\_\_\_\_ Asbestos Mitigation (\$\_\_\_\_\_)  
\_\_\_\_\_ Development Permit Fee Assistance (\$\_\_\_\_\_) \_\_\_\_\_

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**Application Status:** Approved: \_\_\_\_\_ Total Funded: \_\_\_\_\_ Denied: \_\_\_\_\_

**Approval Letter Sent to Applicant:** \_\_\_\_\_ Date Sent

**Fund Reimbursement Presentation:** \_\_\_\_\_ Date of presentation

**Property Owner's Consent**

(required if applicant is not owner of subject property)

I, \_\_\_\_\_, certify that I am the owner of the property subject to this grant application and hereby give my permission to complete the proposed improvements described herein.

Subject Property: \_\_\_\_\_ Fort Walton Beach, FL 32548

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_ Proof of property ownership documentation provided

**Notary Statement**

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledge before me by means of \_\_\_physical presence or \_\_\_online notarization who \_\_\_is personally known to me or \_\_\_ has produced \_\_\_\_\_(type of identification) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

Commission #: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Seal: