

APPLICATION FOR ADMISSION TO THE ESCAMBIA COUNTY ENVIRONMENTAL QUALITY DIVISION BROWNFIELDS PROGRAM

Please complete the following 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. Attach a copy of purchase contract, or letter from your Sales Agent/Broker, that states there is a contract to purchase the property identifying the name(s) of the current property owner(s)/seller(s) and Buyer(s).
9. Identify the proposed redevelopment and explain how that redevelopment will be consistent with the Escambia County Comprehensive Land Use Plan and Land Development Regulations. Please attach a separate sheet of paper for additional comments. If redevelopment is not planned, state the purpose of the request to become a participant in the Escambia County Brownfields Program.

10. Explain how your Brownfield rehabilitation will create new full or part-time permanent jobs and how many of each.

11. Explain and provide reasonable assurances that you are financially able to implement and complete a Brownfields Site Rehabilitation Agreement (BSRA) and proposed redevelopment plan. If known, please identify which incentives you will be utilizing.

- Escambia County Financial Assistance
- BSRA Liability Protection
- Contaminated Aquifer Guidance
- Lender Liability Protection
- Loan Guarantee

Tax Credits for:

- Qualified Target Industry Job Creation
- Redevelopment Bonus Refund
- Intangible Personal Property/Corporate Income Tax

12. I hereby affirm the information in this application and its attachments are true and accurate to the best of my knowledge and that I have submitted or am considering an application for Brownfield Site participation. I further understand and acknowledge the following:

- 12.1 I understand and acknowledge that once information is submitted to the Escambia County Environmental Quality Division (EQD) on my Application for County Brownfield Site Program Participation 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.
- 12.2 I acknowledge and understand that should the Environmental Quality Division accept my property application for program participation, 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 be provided 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.

12.3 Furthermore, I understand that participation in the Escambia County Brownfields Program is not a waiver of my responsibility for rehabilitation, remediation, or other environmental clean up, 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 _____