VILLAGE OF UTICA, NEBRASKA
COMMUNITY REDEVELOPMENT AUTHORITY (CRA)
COMMUNITY DEVELOPMENT AGENCY (CDA)
466 1st Street - P.O. Box 158 - Utica, NE 68456-0158

Tax-Increment Financing Application
(Return to Utica Village Clerk's office)

PROJECT SCOPE: (Please print or type all information)

Business Name _____

Street Address _____

Mailing Address _____

Telephone __ _____Alternate _____

Text Number _____Fax _____

Email _____

Business Structure:

Owners/Principal_____

Description of Business

_____
_____
_____

Estimated number of employees _____

Name of Present Ownership of Project Site & Full Legal Address_____
Legal Description_____
_____

Description of Physical Project Items:
Building Square Footage _____
Size of Property Site _____

Description of Building:
Material/Construction_____
Site Plan-Attach to Completed TIF Application_
_____

If property is to be subdivided, include division drawing
Estimated Project Costs:

Land Acquisition Costs _____

Site Development _____
Site Development _____
Site Development _____

Building Cost _____

Equipment Acquisition Cost _____

Architectural & Engineering fees _____

Legal _____

Financing Costs _____

Broker Costs _____

Contingencies _____

Estimated Total Project Cost _____

Estimated Assessed Valuation at Completion _____

Current Property Valuation _____

Estimated Real Estate Property
Valuation Increase _____

Estimated Real Estate Tax Generated _____

Itemized Source of Financing:

a. Equity _____
b. Bank Loan 1 _____
Bank loan 2 _____
c. Tax Increment Financ. _____
d. Industrial Revenue bonds _____
e. Other Sources _____

Name(s) and Address of

Architect _____
Engineer _____
General Contractor _____
Consultants _____

Project Construction Schedule:

a. _____
b. Completion Date _____

If phased construction:
Year _____/_____% complete
Year _____/_____% complete

Municipal References: Please name any other Village/City(s) where the Applicant, or other corporations, that the Applicant(s) has been involved with, and has completed developments within the last five years:

1. _____
2. _____
3. _____

TAX INCREMENT FINANCING REQUEST:

1. Describe purpose for which tax increment financing is required (include attachment if necessary);

_____

_____

AMOUNT OF TIF REQUEST: $_____

2. Attach to Completed Application: Statement of Necessity for the desired use of tax increment financing

X_____ _____ _____

Signature of Authorized Applicant | Date | Village Use-Date Rec'd/Initials

Printed Name of Applicant: _____