

**OST/Alameda Corridors Redevelopment Authority
Reinvestment Zone Number Seven, City of Houston, Texas
APPLICATION FOR REIMBURSEMENT AGREEMENT**

PROJECT LOCATION:

Address: _____

Legal Description: _____

Harris County Appraisal District
(HCAD) Tax ID Number(s) _____

PROJECT NAME: _____

PROJECT DESCRIPTION: _____

APPLICANT:

Name of Builder/Developer: _____

Name of Property Owner (if different from above): _____

Contact Individual: _____

Address: _____

Telephone: _____ Fax: _____

NAMES OF PROFESSIONAL CONSULTANTS:

Architect _____ Telephone: _____

Engineer: _____ Telephone: _____

Landscape Architect: _____ Telephone: _____

Others: _____ Telephone: _____

_____ Telephone: _____

PROJECT VALUE:

Current Total Tax Value of Property: \$ _____

Estimated Total Construction Cost: \$ _____

Estimated Total Tax Value of Project After Completion: \$ _____

PROJECT SCHEDULE:

Estimated construction start date: _____

Estimated completion date: _____

TYPE OF PROJECT: (check all uses that apply)

- Retail
_____ Retail space (sq. ft.)
- Residential
_____ Number of Single Family Units
_____ Number of Multi-Family Units
- Industrial
_____ Industrial (sq. ft.)
- Office
_____ Net Leasable Area (sq. ft.)
_____ Net Leasable Area Per Floor (sq. ft.)
- Hotel/Motel
_____ Number of Rooms
_____ Meeting Space (sq. ft.)
- Parking
_____ Number of Spaces
_____ Surface (sq. ft.)
_____ Structure (sq. ft.)

Other
Please explain _____

TYPE OF CONSTRUCTION:

- New Construction, Undeveloped Site
- New Construction, Demolition of Existing Structure(s)
- Renovation/Rehabilitation of Existing Structure(s)
- Addition to Existing Structure

STREET FRONTAGE OF PROPERTY:

By Street:

North _____ Feet

South _____ Feet

East _____ Feet

West _____ Feet

TIRZ ASSISTANCE REQUESTED:

1. INFRASTRUCTURE IMPROVEMENTS

(Roadways, Streets, Sidewalks, Lighting, Streetscape and ROW Acquisition)

Item Description	Unit	Quantity	Unit Price	Cost
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Subtotal	\$ _____

2. PUBLIC UTILITY IMPROVEMENTS

(Water Lines, Wastewater Lines, etc.)

Item Description	Unit	Quantity	Unit Price	Cost
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Subtotal	\$ _____
			Total	\$ _____

Upon Completion of the construction of the Project, the Developer shall provide the Authority with:

1. a written request for Reimbursement;
2. three (3) full and complete sets of final Plans and Specifications and final “record” drawing for the Project;
3. a final cost summary of all Project Costs associated with the Project;
4. a certificate of Completion, executed by an officer authorized to bind Developer or the architect/engineer engaged by the Developer certifying that the Project has been constructed in accordance with the Plans and Specifications;
5. evidence that all contractors, subcontractors, laborers, materialmen, architects, engineers and all other parties who have performed work on or furnished materials for the Project have been paid in full, together with executed and delivered releases of lien or customary affidavits executed by such contractors;
6. a certificate executed by an officer authorized to bind the Developer certifying that all contractors, subcontractors, laborers, materialmen, architects, engineers and all other parties who have performed work on or furnished materials for the Project have been paid in full;
7. evidence of MWDBE efforts for the Project; and
8. any other information reasonably requested by the Authority.

OTHER CITY ASSISTANCE:

Is a variance being requested from the City of Houston Planning & Development Department for this proposed project?

Yes No

If yes, please list the specific variances being requested.

Is an historic tax exemption being requested?

Yes No

Are any property tax abatements being requested?

Yes No

[NOTES: No reimbursement will be made for improvements other than those made in the public right-of-way or in a public easement. OST/Almeda Corridors Redevelopment Authority must approve all improvements, changes, or substitutes prior to construction to qualify for reimbursement.

All trees in street rights-of-way are the property of the City of Houston and may not be pruned or cut without permission of the Parks Department. Additional, trees over 20” caliper within the building setback line are protected by City Ordinance. The location of existing trees in the right of way and within 10 feet of the front property line needs to be shown on the plans submitted.]

I hereby warrant that all construction will be in accordance with City of Houston Building Codes and that work will not commence on items to be reimbursed until plans have been submitted to and approved by the OST/Alameda Corridors Redevelopment Authority. Costs and units given above are estimates only. I understand that actual reimbursements will be made only as provided in a development agreement to be entered into by the applicant and the OST/Alameda Corridors Redevelopment Authority for items constructed or installed and that all costs must be documented at the time reimbursement is required.

 Owners Signature

 Date

Submit to: OST/Alameda Corridors Redevelopment Authority, 5445 Alameda, Suite 545, Houston, Texas 77004. Telephone 713-522-5154; Fax 713-522-1105; Email tirz7@swbell.net

Disclaimer: This application does not obligate the OST/Alameda Corridors Redevelopment Authority or the Tax Increment Reinvestment Zone Number Seven to reimburse the applicant for any of the above items. All reimbursements are conditioned upon, and are subject to, a development agreement to be entered into and approved by the applicant and the Board of Directors of the OST/Alameda Corridors Redevelopment Authority, and the Finance Department of the City of Houston.

Information below to be completed by OST/Alameda Corridors Redevelopment Authority

PROJECT NAME: _____ **PROJECT#** _____

Date Application Received: _____

Date construction plans submitted: _____ Date construction plans approved: _____

Amount requested \$ _____ Percent of requested reimbursement to new property value _____%

PROJECT LOCATION:

Original Annexed #1 Annexed #1 Annual Remaining life of TIRZ #7 _____ years

TAX INCREMENT ANALYSIS:

Estimated Total Tax Value of Project after Completion \$ _____

Less - Deductions (Exemptions, Abatements, etc.) (\$ _____)

Estimated Net Tax Value: \$ _____

Less Baseline tax Value: (\$ _____)

Estimated Captured Appraised Tax Value: \$ _____

Estimated Annual Tax Revenue:

Net Tax Increment \$ _____

(_____ City, _____ County, _____ HISD)

Additional Tax Increment (\$ _____) per \$100 X **

(_____ City, _____ County, _____ HISD)

Date(s) of Development Committee or Board Review: _____

Changes required or items eliminated _____

Date of Board Approval: _____ Amount approved \$ _____ Pay back period _____ yrs.

Date Development Agreement Fully Executed: _____ Date Project Completed: _____.

Date(s) Project Certified: _____ Amount Reimbursed to Developer: \$ _____

Date of Reimbursement to Developer: _____

(If residential): Average sales price per unit \$ _____