OST/Almeda 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 abo	ve):			
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_____

ΙΥ	PE OF CONSTRUCTION:					
	New Construction, Undeveloped	Site				
	New Construction, Demolition of	Existing Structu	ure(s)			
	Renovation/Rehabilitation of Existing Structure(s)					
	Addition to Existing Structure					
ST	REET FRONTAGE OF PROPE	RTY:				
	By Street:					
	North	Feet				
	South				Feet	
	East				Feet	
	West				Feet	
ΤIJ	RZ ASSISTANCE REQUESTED	:				
	1. INFRASTRUCTURE IMPI (Roadways, Streets, Sidewalks, Ligh)		
	Item Description	Unit	Quantity	Unit Price	Cost	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				Subtotal	\$	
	2. PUBLIC UTILITY IMPRO (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;
- 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:

project	?		•	C	1	1	1 1	
Yes □ No □								
If yes, please list the specific variances being requested.								
Is an hi	storic tay	avamption be	ing requested?					
is all ill	Storic tax	exemption be	ing requested?					
Yes □	No □							
Are any	y property	tax abatemen	ts being requested?					
Yes □	No □							

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

[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 tress 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/Almeda 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/Almeda 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/Almeda Corridors Redevelopment Authority, 5445 Almeda, 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/Almeda 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/Almeda Corridors Redevelopment Authority, and the Finance Department of the City of Houston. Information below to be completed by OST/Almeda 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:** Annual Remaining life of TIRZ #7_____ years ☐ Original ☐ Annexed #1 ☐ Annexed #1 **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, _____ HISD) Date(s) of Development Committee or Board Review:_____

Changes required or items eliminated

Date of Board Approval: Amount appro	ved \$ 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 \$	