



City of Andover
Andover Road Business Improvement Grant
Application 2018

Return Completed Application To
PO Box 295 - 1609 E Central Ave – Andover KS 67002

Applicant

Business or Property Owner Name (please specify which):

Applicant Address: _____

Project Location: _____

City/State/Zip: _____

Contact Phone: _____

Project Description – Attach additional pages if necessary

Projects must meet all applicable Site Plan Review Criteria, Zoning Regulations, and Sign and Building Code requirements of the City.

Project Valuation: \$ _____

Note: The City of Andover, Kansas has adopted the 2006 International Mechanical, Plumbing, Residential and Building Codes and the 2005 National Electrical Code.

I hereby acknowledge understanding of grant guidelines and agree to the stipulations of the program.

Applicant Signature

Date

Include the following with this Application

- IRS W9 Proof of Current Tax Status Before Photos

***** **Office Use Only** *****

Project Score: _____ Zoning District _____ Grant Amount: \$ _____

Site Plan File # _____ Building Permit # _____

Notes:

Approved by: _____

Date: _____

Grant Disbursement

- Three (3) Bids (if project is over \$2,500)
- Met with Community Development Director (date) _____
- Planning & Zoning Approval if applicable (date) _____
- After Photos
- Receipts and Proof of Payment

Disbursement Approved by: _____

Date: _____

Check Request

Issue check in the amount of \$ _____

Code 001-01-9270000

Name/Address
