



City of Andover
Andover Road Business Improvement Grant
Application 2019

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 2015 International Mechanical Code; the 2015 Uniform Plumbing Code; the 2012 International Building Codes; and the 2014 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
