



CITY OF ST. JOSEPH  
PLANNING & ZONING DEPARTMENT  
700 Broad Street  
St. Joseph, MI 49085  
Phone (269)983-1212  
Fax (269) 985-0347  
www.sjcity.com

**Brownfield Redevelopment Reimbursement Application**  
**Process, Instructions and Application\***

Submit completed application, paid receipts and cancelled checks



Staff reviews application and supplemental documents for completeness



Attend Brownfield Redevelopment Authority meeting



Check request processed and reimbursement made

\*See attached detailed directions for all steps involved.



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## **Brownfield Redevelopment Reimbursement Application**

### **Process, Instructions and Application**

1. **Contact Community Development Director (staff) regarding proposed request.** Contact staff if you have any questions regarding the application or supplemental information required.
2. **Submission of Application.** Complete applications may be submitted at any time.
  - a. It is suggested that you make an appointment with staff to submit the application.
  - b. The completed reimbursement applications along with supplemental information (invoices, receipts showing invoice paid or copies of cancelled check).
3. **Staff Review.** Staff reviews reimbursement application and supplemental information for completeness and schedules the item on the next Brownfield Redevelopment Authority meeting for payment.
4. **Brownfield Redevelopment Authority Meeting.** Attend the Brownfield Redevelopment Authority meeting when reimbursement request will be discussed to answer any questions that might arise.
5. **Request for Payment.** City staff will submitted the necessary paperwork to the Finance Department for processing and issuance of a check.



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**BROWNFIELD REDEVELOPMENT REIMBURSEMENT**  
**APPLICATION**

Please print legibly. All portions must be completed. Do not leave any section blank, use N/A. Incomplete forms will be returned. If additional space is needed, please use additional sheets of paper.

**Property Information**

Property Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Property Code Number(s) (Tax Number): 11-76-\_\_\_\_\_

Brownfield Approval Date: \_\_\_\_\_

Approved Eligible Amount: \_\_\_\_\_

Reimbursement Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Reimbursement Request: Initial                      Interim                      Final

Amount of Request: \_\_\_\_\_

Date of Last Approved Reimbursement Request: \_\_\_\_\_

**Applicant Information**

In case of trust, provide the name, address and telephone numbers of all trustees and beneficiaries of the trust. An LLC or corporation must provide a copy of Articles of Incorporation. In case the applicant is not the property owner, written permission from the property owner is required.

**Name of Applicant:** \_\_\_\_\_

Relationship to Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Attorney:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Land Surveyor and/or Engineer:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Reimbursement Information**

Make Check Payable To: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Site Information**

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Private Investment in Redevelopment: \_\_\_\_\_

Job Creation/Retention Impact: \_\_\_\_\_

Other Significant Project Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Invoice Summary**

In accordance with Public Act 381 of 1996, copies of all detailed invoices and cancelled checks must be attached to this form. Eligible activities include: 1) response activities; 2) demolition; 3) site preparation; 4) infrastructure improvements; or 5) reasonable costs of developing and preparing the Brownfield Plan.

Vendor Name	Date of Invoice	Invoice Number	Eligible Activity Type (see list above)	Description of Work	Invoice Amount

Total Reimbursement Being Requested: \_\_\_\_\_

**BROWNFIELD REDEVELOPMENT REIMBURSEMENT  
CERTIFICATION**

The Applicant certifies and acknowledges and agrees that:

- A. The statements contained in this application are true and correct to the best of the Applicant's knowledge and belief and complies with the approved Brownfield Reimbursement Agreement and Act 381 of the Public Acts of 1996. The owner of the subject property, if different from the applicant, states that he or she consents to the filing of the application and that all information contained is true and correct to the best of his or her knowledge;
- B. The Applicant certifies that the costs outlined in the request for reimbursement have been incurred in accordance with the approved project proposal as set forth in the binding grant agreement document.
- C. The Applicant understands that an incomplete or nonconforming application will not be considered. In addition, the Applicant understands that the City may require additional information prior to the consideration of this application;
- D. The Applicant shall make the property that is subject of this application available for inspection by the City at reasonable times;
- E. If any information provided in this application changes or becomes incomplete or inapplicable for any reason following submission of this application, the Applicant shall submit a supplemental application or other acceptable written statement containing the new or corrected information as soon as practicable but not less than five (5) days following the change, and failure to do so shall be grounds for denial of the application;
- F. The Applicant understands that if the application is approved with conditions, those conditions will need to be met as part of any permit issued; and
- G. The Applicant understands that he/she is responsible for all application fees. Fees are non-refundable and there is no guarantee the application will be approved or permits issued. There should be no outstanding monies owed to the City (i.e., water bill or taxes).

On the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_, I/We have read the above certification, understand it, and agree to abide by its conditions.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Name of Applicant or Authorized Agent

SUBSCRIBED AND SWORN

To before me this \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**OFFICIAL CITY USE:**  
Completed:

Date Received: \_\_\_\_\_

Fee: \_\_\_\_\_

**BROWNFIELD REDEVELOPMENT REIMBURSEMENT  
OWNER'S CONSENT FORM**

I/We, the Owner(s) of the property listed below, hereby grant permission for the Applicant,  
\_\_\_\_\_  
(Company name and contact person) to seek \_\_\_\_\_  
(state request that can be made) as required by the City of St. Joseph, Michigan for the property  
commonly known as \_\_\_\_\_ (street address)  
and having the Property Code Number (Tax Number) of 11-76-\_\_\_\_\_.

On the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_, I/We have read the above certification,  
understand it, and agree to abide by its conditions.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Name of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Name of Property Owner

**SUBSCRIBED AND SWORN**

To before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public