



“SMALL BUSINESS” SUPPORT PROGRAM

PLANNING & COMMUNITY DEVELOPMENT
 Telephone: (928) 432-4140 Fax: (928) 348-8515
 808 S 8th Avenue / P.O. Box 272
 Safford, Arizona 85548

- OFFICE USE ONLY -	
Date Received:	_____
Project Number:	_____
<input type="checkbox"/> Approved Date:	_____
<input type="checkbox"/> Reimbursed Date:	_____
<input type="checkbox"/> Denied Date:	_____
Comments:	_____

Project Description: _____

Location of Project: _____

Parcel Number(s): _____

Applicant Name	Mailing Address	City, State Zip
Email Address:		Phone:

By signing this application, I certify I have read the Small Business Support Program Purpose, Process and Program Areas.

Applicant Signature:

Property Owner <i>(if different from above)</i>	Mailing Address	City, State Zip
Email Address:		Phone:
Property Owner Signature:		

Individual projects may receive awards up to \$10,000, including both the value of fees waived or reduced, as well as, any financial assistance. Please understand there is an application review process and not every applicant will be granted an award. Applicants must fund a minimum of 50% of project costs. Awarded amounts are reimbursed to applicants upon project completion. Applicants must submit documentation of funds spent upon project completion in order to be reimbursed.

Program Areas	Program Cost	Amount Requested	Amount Awarded
City-wide Façade Program			
First Business License Waiver – New Business (\$50)			
Building Permit Fee Waiver			
Utility Deposit and Hookup Fee Waiver			
Assistance with Zoning/Building Code requirements			
Assistance with on/off site infrastructure improvements			
Total Value			

APPLICATION APPROVAL

A total of \$_____ has been awarded this _____ day of _____, 20____.

Comments: _____

Planning & Community Development Director