



City of Petersburg

Zone 10 Central Business District Enterprise Zone

Certification Application

Property Address _____

Property Parcel Number _____

Property Owner _____

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____ Mobile Phone Number _____

Applicant Email Address _____

Development Description _____

Industrial _____

Commercial _____

Mixed Use _____

Residential _____ Number of Units _____

Estimated Total Investment \$ _____

Estimated New Job Creation Full-Time _____ Part-Time _____

Requested Local Incentives

Building Permit Fee Waiver _____ Tap Fee Reduction _____

50% Reduction on Connection Fee _____ Machinery and Tools Tax Reduction _____

Water/Sewer Permit Fee Waiver _____

Zoning Filling/Land Disturbance Fee Waiver _____

Rehab Tax Exemption Additional Five Years
(City Assessor Certification Required) _____

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

Below to be completed by the Department of Economic Development

Date Received ___/___/___

Application Status Approved _____ Denied _____

Comment _____

Zone Administrator _____ Date ___/___/___

Director of Econ Dev _____ Date ___/___/___