



# TOWN OF CLAYTON

## Planning Department

111 E. Second Street, Clayton, NC 27520

P.O. Box 879, Clayton, NC 27528

Phone: 919-553-5002

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# CDRIG-\_\_\_\_\_

# DOWNTOWN REDEVELOPMENT INCENTIVE GRANT

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

NC PIN# \_\_\_\_\_ TAG # \_\_\_\_\_

**Property Tax Value at time of application:** \$ \_\_\_\_\_

Total Estimated Cost of Improvement \$ \_\_\_\_\_

**New Construction (infill) project:**

Description of Project (attach additional pages as needed)

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**Building Rehabilitation/renovation:**

Description of Project (attach additional pages as needed)

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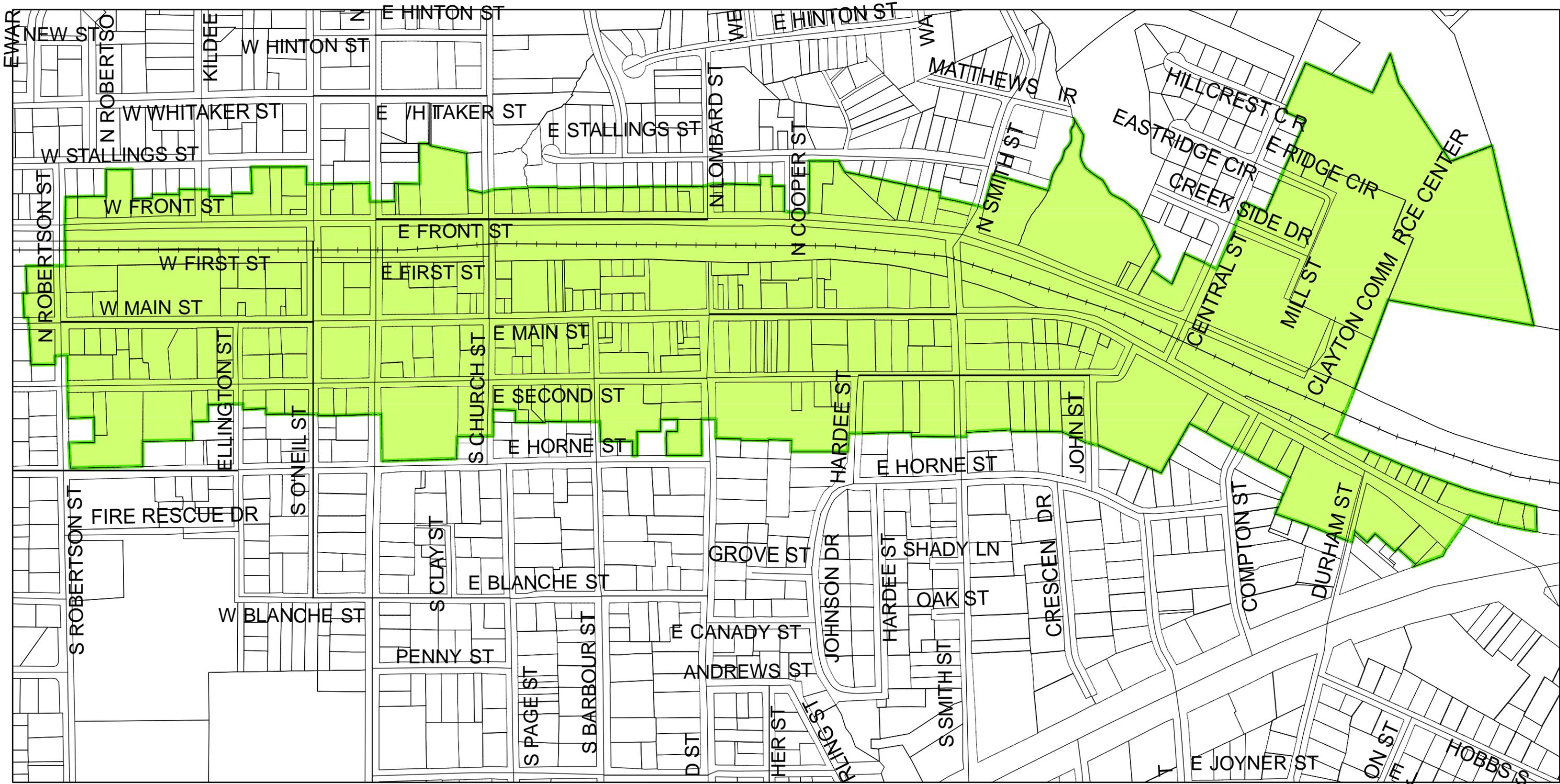
**Please Check:**

I have met with Planning and Downtown Development Staff for preliminary discussions  
I have attached project plans, specifications or other appropriate design information.  
I have attached samples of paint colors to be used on facade improvements or signage.  
I have attached a photograph(s) of existing condition of the property.  
I have attached copies of cost estimates for the project

I understand that this **application must be reviewed & approved before any work is done on the project** and that no projects will be approved if any work was done prior to approval.

- I acknowledge that this application must be accepted and all prerequisite rules and regulations must be complied with before the application can be considered for acceptance.
- I have attached the project plans and specifications or other appropriate design documentation
- I acknowledge that the grant will be payable beginning the fiscal year following completion of the project.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Clayton Downtown Redevelopment Incentive Grant Boundary

Adopted 5/5/2008



Map Produced by TOC/GIS  
 Date May 06, 2008  
 Disclaimer: Town of Clayton assumes no legal  
 responsibility for the information represented here.

Scale 1 inch equals 400 feet