



Date of Appl	ication:	10/01/2023					
Name of Pro	gram:				-		
1. APPLIC	ANT INF	ORMATION		75124			
Name: Address: Phone: Email:	Michael Ke 7672 SE B 772-834-69 mk50@ms	ay Cedar Cir, I	Hobe Sou	nd, FI 3345	55		
2. PROPE	RTY INFO	RMATION					
Full address of	of the prope	erty:	9014-9	054 SE Bri	idge Rd &	. 11711-11	713 SE Lares Ave
Does the appl	icant own	property?	X	_ Yes		_ No	
If "No" when w	vill the prop	perty be in co	ntrol (ov	vn or leas	e term) (	of the app	licant?
If "Yes", please of the property please list all r must sign this	(i.e., nam managers v application	e on property with signing a n.	y title). I authority	f the owner. If there	er is a C are mult	orporatior iple mana	n or an LLC, ngers, each
Michael Keeler	Ta	ncisk	2218	5			
Indicate the ow			erty (i.e.,	name on	property	y title)	
Is the property Occupied	currently o	occupied or v	acant?				





3. BUSINESS INFURI					
Description of the business	(use) that currently or will occupy this property:				
Art Gallery, Lab, Computer Stor	re, Restaurant,Chiropractor,Marine Service and Residential Apt.				
<u></u>					
-					
=======================================					
	ees does the business currently employ? 18				
Services offered: Retail, Office, Service, Dwelling					
Operating days/hours:	Various Hours				
Years at current location:	Multiple Tenants				
Years in business:	Multiple Leases				
All business' are frequented by t	the surrounding population				
4. MULTI-TENANT BUS	SINESS				
Property owner: Yesor No	(Multi-tenant grants are only available to property owners.)				
Name, Address, and Phone: Yes					
Business Name, Address an	d Phone				





Total units: 7	Occupied units:	Vacant units:		
Year building acquired: 20	019	Average lease:	length of tena	nt 10 years
List of existing services offered:	Art,Medical Lab Co	mputerServ	vice,Restaurant (	Chiropractor, Marine
Average square foot per unit:	Varies		Total square feet:	7800 Sq/Ft
If vacant property:				
l Agree X				
5. SCOPE OF WORK				
Description of proposed in ohotos, or samples, use a New Set of front doors for Co of Flower pots for the front of t	idditional page if ne mputer Store. 2 New (	ecessary): Garage Doo	ors to be used as	canvas for murals
Has the Applicant complet outside of the scope of thi estimated cost of the other	s application (i.e., i	lete any of nterior)? I	ther improvements	ents to the property when? Include the





Attach an image(s) that clearly shows the existing property conditions.

Estimated Commencement Date:

Estimated Completion Date:

Estimated Total Project Cost:

Estimated Total Funding Request:

\$18,166.87 + Plants (\$20,000.00)

\$16,000.00

Authorized Representative(s):

Property Owner Signature (If different)

Business Owner Signature

Date

#### ONLY COMPLETE APPLICATIONS WILL BE PRESENTED TO THE CRA BOARD

I attest that the information in this application is true and correct. I have read completely and understand the program, including the application guidelines and reimbursement process.

\_\_\_ Applicant Signature

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## Community Redevelopment Agency Application Checklist



#### Step 1: Application Checklist (Attachments):

Please read and initial beside each application requirement. Applicants must apply to the CRA staff for initial review. At that time the application must include:

- A) ML Photograph(s) of the property showing the area(s) for improvement.
- B) MU Scope of Work including conceptual design drawing(s) and/or site plan of the proposed improvements. If the site plan or application request includes landscaping, the landscaping must be a species and variety of native plants that are drought tolerant, require little irrigation and are known to withstand the environmental conditions present at the subject site.
- C) Wu Two (2) bids from licensed contractors. Bids must be typed and contain the following information: contractor's license number, name, address and phone number. Handwritten and unsigned bids will not be accepted.
- D) \_\_\_\_ If the proposed project is a tenant improvement, a copy of the signed lease agreement must be provided.
- E) Mulf applicable, a copy of a valid Business Tax Receipt.
- F) \_\_\_\_\_/The CRA Investment Program Application, signed by the property owner.
- G) MC Schedule a meeting with a CRA Program Manager to determine that the initial review of the project will follow and abide by applicable codes and regulations, subject to final review during the building permit process.

### Step 2: Acknowledgments (Please initial indicating your understanding):

- H) Application(s) shall be initially reviewed by CRA staff within ten (10) business days of submittal. If additional information is required from applicant to finalize the application, additional time will be required for approval process.
- I) The application must be signed by the property owner authorizing the proposed improvements.
- J) Wpon approval by the CRA Board, the applicant and/or property owner will be required to execute the Program Agreement.
- K) Program funds are reimbursed, with appropriate paperwork, at the completion of the project.





Date of Appl	ication:	10/01/2023					
Name of Pro	gram:						
1. APPLIC	ANT INF	ORMATION					NAME OF THE OWNER, OF THE OWNER,
Name: Address: Phone: Email:	Michael Ko 7672 SE E 772-834-6 mk50@ms	3ay Cedar Cir, I	Hobe Sound				
2. PROPE	RTY INFO	ORMATION					- 176314
Full address o	f the prop	erty:	9014-90	54 SE Brid	ge Rd &	11711-117	13 SE Lares Ave
Does the appl	icant own	property?	X	Yes		No	
If "No" when w	ill the pro	perty be in co	ontrol (own	or lease	term) o	f the app	licant?
If "Yes", please of the property please list all n must sign this	r (i.e., nam nanagers	ne on property with signing a	y title). If t	he owner	is a Co	rporation	or an LLC,
Michael Keeler	Pa	tricie k	eeles	_			
Indicate the ow	vning entit	y of the prop	erty (i.e., n	ame on p	property	title)	
9014 SE Bridge				·	, •		
Is the property	currently	occupied or v	/acant?				
Occupied							





Description of the business (use) that currently or will occupy this property:  Art Gallery, Lab, Computer Store, Restaurant, Chiropractor, Marine Service and Residential Apt.  How many full-time employees does the business currently employ?  Services offered:  Operating days/hours:  Years at current location:  Years in business:  Multiple Leases  How does the business benefit the community?  All business' are frequented by the surrounding population  MULTI-TENANT BUSINESS  Property owner:  Yes or No (Multi-tenant grants are only available to property owners.)  Name, Address, and Phone:  Yes  Business Name, Address and Phone	3. BUSINESS INFURI	MATION				
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Business Name, Address and Phone						
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	Business Name, Address an	d Phone				





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Year building acquired: 201	9	Average length lease:	of tenant	10 years
List of existing services offered:	Art,Medical Lab Co	mputerService,Res	taurant Chiro	practor, Marine
Average square foot per Total square unit: Varies feet: 7			•	00 Sq/Ft
If vacant property:				
Do you agree to not rent o	out properties to n	on-eligible busi	nesses?	
5. SCOPE OF WORK				
Description of proposed imphotos, or samples, use ad New Set of front doors for Com Flower pots for the front of the	ditional page if ne puter Store. 2 New 0	cessary): Garage Doors to be	used as can	vas for murals
las the Applicant complete outside of the scope of this estimated cost of the other	application (i.e., in	ete any other imp nterior)? If so, w	provements hat and whe	to the property an? Include the



Date

**Business Owner Signature** 

Property Owner Signature (If different)

### Community Redevelopment Agency Investment Program Application



Attach an image(s) that clearly shows the existing property conditions.

Estimated Commencement Date:

Estimated Completion Date:

Estimated Total Project Cost:

Estimated Total Funding Request:

Standard Total Funding Request:

ASAP

Jan 2023

\$18,166.87 + Plants (\$20,000.00)

\$16,000.00

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