REDEVELOPING ORANGE COUNTY COMMUNITIES (ROCC) BROWNFIELDS PROGRAM APPLICATION FOR BROWNFIELDS DESIGNATION OR TRANSFER OF BSRA

Please complete this form to request an area for brownfield designation or transfer of Brownfields Site Rehabilitation Agreement (BSRA) if a Person(s) Responsible for Brownfield Site Rehabilitation (PRFBSR) was previously identified by resolution. It is important to complete all applicable sections and attach all necessary information. The Orange County Brownfield Coordinator will schedule a pre-application meeting with the applicant/property owner before submitting this application to resolve any questions and to discuss the Orange County Brownfield designation process. If you should have any questions concerning completion of this application or wish to schedule a pre-application meeting, please contact the Brownfield Coordinator by calling 407-836-1400 or via email at BrownfieldCoordinator@ocfl.net.

| PROPERTY | INFORMATION | | |
|------------------------------------|---|-------------------|-------------------------|
| Property Nan | ne: | | |
| Address: | | | |
| City: | State: | Z | tip Code: |
| Please attacl | h a map showing location o | of property. | |
| Property Size (acres/square feet): | | | Parcel/Folio Number(s): |
| | Z DESCRIPTION ibe property (for example, v | acant land, unocc | upied): |
| Current Zoni | ng/Land Use: | | |
| Future Land | Use Designation: | | |
| Comn | nunity Redevelopment Area | | |
| Empo | werment Zone | | |
| Other | | | |
| Located with | in one-half mile of an existin | ng major street? | Yes No |
| Public Street | Access? Yes No | | |
| Outside flood | lplain area? Yes No | | |
| Please descril | be all outstanding property to | axes due on the p | roperty: |

APPLICANT INFORMATION Name: Address: City: Zip Code: State: Phone: E-mail: Interest in Property: **CURRENT PROPERTY OWNER(S)** (if different from applicant) Name: Address: City: State: Zip Code: Phone: E-mail: Legal Status of the Current Property Owner(s): Individual/Sole Proprietorship General Partnership Limited Liability Company Limited Partnership Florida Corporation State of Incorporation: Out of State Corporation **ENVIRONMENTAL STATUS** Briefly describe the nature and geographical extent of contamination by hazardous substances and/ or pollutants, if known: Briefly describe any previous or current remedial action:

If remediation is needed, will you agree to enter into a Brownfield Site Rehabilitation Agreement with the Florida Department of Environment Protection or authorized designee? Yes No

Please Attach Phase I or Phase II Environmental Reports, if available.

DEVELOPMENT PLAN

General Description of Redevelopment Plans:

Attach further illustrative or graphic information, as appropriate.

How many new permanent full-time or part-time jobs will the project create after remediation, and what are the job titles?

FINANCIAL RESOURCES

Reasonable assurances must be provided by the applicant that sufficient financial resources are available to the applicant to implement and complete a rehabilitation agreement and redevelopment plan.

Please attach a statement, as well as any other appropriate information, outlining the financial resources available to the applicant for rehabilitation and redevelopment.

This statement can include financial resources the applicant anticipates to obtain (private loans, equity and assistance) through designation as a Brownfield Area. In short, describe your general financial plan for your project.

Have you had a Brownfields pre-application meeting? Yes No (It is required that applicants have a pre-application meeting. Please call the Brownfields Coordinator at 407-836-1400 or email BrownfieldsCoordinator@ocfl.net for more information and to schedule a pre-application meeting.)

SERVICES TO BE PROVIDED

In order to better assist you, please check the type of designation you are requesting and the type of assistance/incentives (check all that apply) you are seeking through this designation:

Type of Designation: Several parcels Single parcel BSRA Transfer (new PRFBSR)

| Please describe in greater detail the services you would like to receive as a participant in the Brownfields Program (Optional): | | | |
|--|--|--|--|
| What are your goals with resp expansion)? | ect to the property (for example, sale, redevelopment, or business | | |
| * * | ne County for all costs associated with the Brownfield Designation (i.e. buncement, Orlando Sentinel advertisement, meeting room rental charges No | | |
| expressly exempt or confiden | Notice: e-mail correspondence with Orange County are archived and, unless tial by law, are subject to being made available to the public upon request. Users n of confidentiality or privacy. The contents of this application shall be considered | | |
| The undersigned affirms that | the information contained in this application is true and accurate. | | |
| Applicant: | | | |
| Signature: | Date: | | |
| Print/Type Name: | | | |
| For Office Use Only: | | | |
| Application Received By: | Date: Complete Incomplete (Specify reason[s] below): | | |
| Application Completeness Re Status of Application | view Completed By: | | |
| Applicant Contacted on: | | | |
| Date Information Received to | Complete Application (if applicable): | | |
| Signature of Reviewer: | Date: | | |
| BCC proposed HEARING DAT | E(S) FOR DESIGNATION OF SITE AS A BROWNFIELD AREA: 2 nd Meeting | | |

Estimated Cost Public Notice \$1,500.00: verify will applicant reimburse : Y

Rev 11-20-2023

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