



REVOLVING  
**LOAN FUND**

– APPLICATION FORM –

► [askncdc.com](http://askncdc.com)

**DOWNTOWN REVITALIZATION REVOLVING LOAN PROGRAM  
FOR CHELSEA CENTRAL ZONING DISTRICT AND HOLLYHOCK ISLAND  
SUPPLEMENTAL APPLICATION**

**INSTRUCTIONS:** Complete this form and return with attachments to:

**NCDC - Revolving Loan Program  
77 Main Street  
Norwich, Connecticut 06360**

*Please type or print; must be completed in full*

**1. The Applicant**

Applicant name \_\_\_\_\_  
Applicant mailing address \_\_\_\_\_  
Applicant phone #s \_\_\_\_\_  
Applicant e-mail \_\_\_\_\_

**2. The Property if Application is Real-Estate Based**

Municipal Address for property \_\_\_\_\_  
Planned use for property (NAICS) \_\_\_\_\_  
Number/type of commercial uses \_\_\_\_\_  
Number of residential units \_\_\_\_\_  
Square feet of space affected \_\_\_\_\_

**3. The Business if Application is other than Real-Estate Based**

Municipal Address for business \_\_\_\_\_  
Planned use for property (NAICS) \_\_\_\_\_  
Square feet of space affected \_\_\_\_\_  
Location within building (floor) \_\_\_\_\_

Summarize the history and planned operation of the business including the experience of the principles, the marketing and expansion plan, business viability  
(Attach separate documents)

**4. Funding**

Description of use of funds (summary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of funds requested      \$ \_\_\_\_\_  
Owner Investment                      \$ \_\_\_\_\_  
Other Investment                      \$ \_\_\_\_\_  
Source of other                      \_\_\_\_\_  
Total estimated cost                      \$ \_\_\_\_\_

**5. The Lease**

Is there a lease in place for this space? \_\_\_ Yes \_\_\_ No  
Is this space residential, commercial, or mixed. Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Other (if commercial)**

Type of product or service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and hours of operation  
Days open \_\_\_\_\_  
Hours open \_\_\_\_\_

Employment Data

Number of full time employees \_\_\_\_\_

Number of part time employees \_\_\_\_\_

Number of per-diem employees \_\_\_\_\_

**Other (if residential)**

Number of residential units \_\_\_\_\_

Average size of each unit \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Number of bathrooms (full/half) \_\_\_\_\_

**7. The Project Fit**

How will your project/business enhance the area in which it is located and how will your project/business complement other properties/uses within the area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifications:**

Are all real estate and personal property taxes due to the City of Norwich and other municipalities paid in full?

Yes  No (please explain on supplemental sheet)

Are all utility bills paid in full?

Yes  No (please explain on supplemental sheet)

Are all City Loan Program payments paid up to date?

Yes  No (please explain on supplemental sheet)  N/A

Have you been cited for any zoning, building or property maintenance code violations that remain uncorrected and are not addressed by this project?

Yes (please explain on supplemental sheet)  No

Are you involved in any litigation with the City of Norwich or NCDC?

Yes (please explain on supplemental sheet)  No

**REVOLVING LOAN PROGRAM  
CERTIFICATIONS**

**Applicant/Project Name** \_\_\_\_\_

**Project Address** \_\_\_\_\_

<b>Date</b>	<b>City Agency</b>	<b>City Representative Signature</b>	<b>Verification</b>
	Tax Collector		The named property owner is current with all Norwich taxes
Comments			
	City Planning		This project demonstrates consistency with the City's Plan of Conservation and Development. and local zoning
	City Planning		This project complies with local zoning regulations.
Comments			
	City Building Inspection		This building has no building or property maintenance code violations that remain uncorrected.
Comments			
	Norwich Public Utilities		The named property owner is current with Norwich utilities
	Norwich Public Utilities		There is adequate utility capacity available or planned for this location
Comments			

*If the applicant is approved for this program, loan proceeds will be provided directly to the applicant through the loan administrator.*

I certify by my signature that the information provided in this application is true and accurate.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date