



## DOWNTOWN RENTAL REHABILITATION PRE-APPLICATION

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Last

First

Middle Initial

Federal ID# or SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address

City

State

Zip

Telephone Number: \_\_\_\_\_

Home

Work

### PROPERTY INFORMATION

Address of Building to be rehabilitated:

\_\_\_\_\_

Number of existing units to be rehabilitated \_\_\_\_\_ Number of units to be created \_\_\_\_\_

If existing units, number that are currently vacant? \_\_\_\_\_

Are any units owner occupied?  Yes  No

Is this building being purchased through a land contract?  Yes  No

Estimated Age of Building: \_\_\_\_\_ Estimated Market Value: \_\_\_\_\_

Is the Building currently vacant or partially vacant?  Yes  No

(If not vacant, attach description of existing business and/or current number of tenants.)

Explain Existing Building Use (mixed?): \_\_\_\_\_

Is this building within a correct zoning classification?  Yes  No

Identify current zoning: \_\_\_\_\_

Is this building located in a Historic District?  Yes  No

Is this building located in a Floodplain?  Yes  No

**Describe what repairs and improvements you wish to make to the property:**

\_\_\_\_\_

\_\_\_\_\_

Complete and return to:  
City of Owosso Community Development Office  
301 W. Main Street  
Owosso, MI 48867