CITY OF OCALA EAST OCALA REDEVELOPMENT AREA COMMERCIAL BUILDING IMPROVEMENT GRANT APPLICATION

(Completed application and all required attachments must be submitted)

PROJECT INFORMATION
Business / Project Name: NWS Retail, LLC
Project Address: 2219-2225 E Silver Springs Blud Ocala FT 34470
Parcel Number:
APPLICANT INFORMATION
Applicant's Name: NWS Retail, UC
Name of person to receive all correspondence if different from applicant:
Applicant's Business Name (if applicable): NWS Retail (CC
Type of business: Retail Real Estate (Vacant)
Applicant's Mailing Address: 1525 NE 84 Ave
City: Cala State: F Zip: 34470
Phone number: 352 4/4-/645 Fax:
E-mail address: Vbuss @ Neighborhood Storage I @ neighborhood storage, Co
Applicant is the X Property Owner Business Owner/Tenant
How long has the business been at the current location? Vacant space
If renter, when does your current lease expire?

PROPERTY OWNER INFORMATION (If different from applicant)
Property Owner's Name: NWS Katal, III Property Owner's Business Name (if applicable): NWS Retail, UC Property Owner's Mailing Address: 1525 NE 8th Ave City: Ocala State: FZ Zip: 34470 Phone number: 352 414-1645 Fax: E-mail address: Stage Le Neighbarhood Storage. Com
PROJECT DESCRIPTION:
Describe the existing or proposed business. Correctly Vacant Space. We are Othersphag to Conrect a vacant Dulday to active USE. Explain the purpose of and need for the proposed improvements. Building was partially Openvisned of has been Vacat Bo Secret years. New Roof, and windows have been installed, and new facade will increase the likehood of reactive Would the proposed improvements be made without the assistance of the grant program? If not, please explain. Proposed improvements to would be made but not to the land What is being proposed. What will be the business hours of operation? Unknown. For projects with residential component - number and types of units being created.
ativact chould take 3-4 months.

Estimated cost of project based on attached submitted lot Required Attach itemized bid sheets. How much funding assistance are you requesting? Anticipated start date: September Anticipated	
SCOPE OF WORK CHECKLIST (Check all t	nat apply)
East Ocala CRA	
Vacant building being converted to active use; [] New signs following design guidelines; including rer [] New landscape area – reimbursement to be made 90	noval of existing inappropriate signs days after installation
[X] Exterior painting – colors must be approved by Com	mittee
[X] Awnings	
[] Windows, doors	
Parking lot pavement sealing & striping	
Exterior security & safety lighting	

Applicant

I, NWS Refail LLC 2219-2225 E Silver Springs Blvd of conditions of the Program and agree to the general conditions and guidelines of the Program. Signature	business owner/tenant of the building at LEF 34470 have read and understand the terms and ditions and terms outlined in the application Date 1/24/28
Owner Approval for Tenant Applicant	gi.
2219-2225 E Silver Springs Blvd Ocals conditions of the Program and agree to the general condimprovements on the building as outlined in application. Signature	have read and understand the terms and ditions and terms outlined in the application sent to the applicant to move forward with
Property Information – For staff use only Is the property assessed Marion County property taxes? Are property taxes paid up to date? Is the property in condemnation or receivership? Is there an active City code enforcement case on the prop Is the building on the National Register of Historic Place.	