



Derby Resource Center
 7270 Monaco Street
 Commerce City, Colorado 80022
 Phone (303) 289-1735
derby@c3gov.com



COMMERCIAL CATALYST PROGRAM REQUEST FORM

Business Name: _____ Date _____

Business Street Address _____ City _____ State _____ Zip _____

Business Phone _____ Business Fax _____ Business E-Mail Address _____

Property Owner/Tenant Name: _____

- Property Owner
- Tenant

Owner/Tenant Street Address _____ City _____ State Zip _____

Owner/Tenant Phone _____ Owner/Tenant Fax _____ Owner/Tenant E-Mail Address _____

Estimate or Quote of Total Project Cost (attach estimate): _____

Amount of Catalyst Program Fund Request*: _____

*Applicant will be reimbursed for not more than 50% of the total completed project cost or an amount approved by the Derby Review Board, whichever is less.

ACKNOWLEDGEMENT OF APPLICATION PROVISIONS

- I affirm that this project will not be initiated without written commitments and completed contracts with the City of Commerce City.
- I affirm that this project conforms to all codes, ordinances, and regulations as well as the common design principles established for the Catalyst Program.
- I affirm that all applicable permits will be obtained for this project and all accompanying inspections will be successfully completed in order to receive reimbursement.
- I affirm that I am in good standing with the City of Commerce City with respect to taxes, fees, loans, or other financial obligations to the city.
- I agree that if this project is selected for a grant from the City of Commerce City, photographs of my property may be used in promotional materials for the commercial Catalyst Program.



Derby Resource Center
7270 Monaco Street
Commerce City, Colorado 80022
Phone (303) 289-1735
derby@c3gov.com



- I affirm that the requisite materials are included with this submittal.
- I understand that in some cases, an architect and/or engineer must prepare documents for building permit approval.
- I understand that all applicable permits must be obtained, and all accompanying inspections must be successfully completed.
- I understand that all project-related invoices must be submitted for review at conclusion of project prior to reimbursement. In addition, approved copies of required city building permits must be submitted as a condition of reimbursement.

Applicant's Printed Name & Signature:

Date

Commerce City Representative

Date

I understand that all project-related invoices must be submitted for review at conclusion of project prior to reimbursement. In addition, approved copies of required city building, sign, and fence permits must be submitted as a condition of reimbursement.

FOR OFFICE USE ONLY:	
_____ Date Project Initiated	_____ Date Project Completed