

Streetscape Project Mitigation Program APPLICATION



Business Name

Danville Business License Number

Name of Owner (s)

Business E-mail

Primary Contact Phone:

Business Address

Please list normal business hours:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday : _____

Type of Business/Service (i.e. retail, restaurant, etc.):

Number of Full Time Employees: _____

Number of Part-Time Emploeyss: _____

In which ways has your business been impacted by the Streetscape Project?

_____ Loss of Parking

_____ Restricted/Blocked Pedestrian Entry

_____ Interference with shipping/delivery of goods and services

_____ Noise/Dust/Vibrations

Other (specify): _____

Please attach a detailed description of how your business has been impacted by the Streetscape Project, the amount of reimbursement you are requesting and why you believe that to be the appropriate amount. Please provide supporting documents.

I agree and understand that by signing, I may be asked to submit financial documentation for confidential review by the Danville City Manager, Director of Finance, and contracted Attorney in order to make a final determination on this application.

Signature of Applicant

Date

I agree and understand that by signing, I release the City, in all capacities, from future litigation pertaining to current and past construction projects that are occurring or have occurred within the Streetscape Project area as defined in this application. This includes litigation from the business state above and each owner listed.

Signature of Applicant

Date

Streetscape Project Impact Area



415 W Main – 121 W Main
114 N 2nd St – Constitution Square
135 N 3rd St – 110 S 3rd St
131 N 4th St – 128 S 4th St