

CITY OF STOCKTON
LIEN FORGIVENESS INCENTIVE PROGRAM APPLICATION
 (Council Policy 700-6)

A. APPLICANT	B. PROPERTY OWNER
Name: _____	Name: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

C. PROJECT CONTACT	
Name: _____	Phone: _____
Address: _____	Email: _____
City/Zip: _____	

D. PROPERTY DESCRIPTION	
APN: _____	General Plan Designation: _____
Address: _____	Zoning Designation: _____
Total liens - City: _____	Structure Size (sf): _____
Total liens – County: _____	Parcel area (sf/ac): _____

E. PROPERTY DESCRIPTION		
<input type="checkbox"/> Res: Multi Family (4+ units)	<input type="checkbox"/> New Construction	Current use of site: _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	Proposed use of site: _____
<input type="checkbox"/> Ind./Bus Park	<input type="checkbox"/> Rehabilitation	Describe work to be undertaken; how program objectives are met
<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Blight Abatement	_____
	<input type="checkbox"/> Other	_____

F. SUBMITTAL REQUIREMENTS
<input type="checkbox"/> Letter of Financial Need <input type="checkbox"/> Detailed project description <input type="checkbox"/> Photos of property/neighborhood
<input type="checkbox"/> Project Schedule <input type="checkbox"/> Detailed Budget showing costs and funding sources <input type="checkbox"/> \$200 Application Fee

G. SIGNATURES	
The information provided in this application is true and accurate to the best of my knowledge.	
_____ Applicant	_____ Date
_____ Property Owner	_____ Date