



# CITY OF HAGERSTOWN, MARYLAND

Department of Community & Economic Development

14 N. Potomac Street • Suite 200A • Hagerstown, MD 21740

Email: [DCED@Hagerstownmd.org](mailto:DCED@Hagerstownmd.org)

Telephone: 301.739.8577, Ext. 111 • Website: [www.hagerstownmd.org/DCED](http://www.hagerstownmd.org/DCED)



## Partners in Economic Progress APPLICATION FORM 1 – PROPERTY RENOVATION

### Property Information

Property Address: \_\_\_\_\_ Hagerstown, MD Zip: \_\_\_\_\_

Proposed Renovation is for:

Check One:  Commercial Building     Residential Building     Mixed-Use Building

### Applicant Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**If the Owner of the eligible property, a principal thereof, or a qualified relative of the owner or a principal is employed by, has a financial interest in or is otherwise affiliated with the application, please fully disclose the nature and extent of the relationship below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Information**

Description of proposed construction and occupancy plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time frame for project completion (excluding tenant fit-out): \_\_\_\_\_

*Note: Any schedule beyond three years shall require Mayor and City Council approval.*

Detailed schedule for rehab including anticipated project milestones (e.g., demo, rough-in, tenant fit-out, final inspections, COO, etc.): \_\_\_\_\_  
\_\_\_\_\_

**Estimated Project Investment:**

Acquisition: (if purchased) \$ \_\_\_\_\_

Renovation: \$ \_\_\_\_\_

Total Investment: \$ \_\_\_\_\_

Do tenant spaces have Use and Occupancy Permits yet?  Yes  No

Are new residential units proposed?  Yes  No

If yes, provide number of units and square footage calculations for each unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If project provides residential or artist live-work units, describe how project complies with Guidelines Criteria #5 and #8 of the PEP Eligibility Criteria: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check Which Owner Incentives Will be Used: (recommend checking all)**

- Development Fee Free Zone
- Utility Benefit/Allocation Charge Assistance
- Fast Track Construction Program
- Historic Tax Credit Assistance
- Code Flexibility
- Parking Program Fee Reductions
- Economic Rehab Incentive Grant
- Existing Incentive Programs

**Required Attachments:**

- Detailed concept plans by an architect for the proposed renovation work with realistic cost estimates.
- Letters of commitment for construction financing for proposed renovation work, or other evidence that demonstrates that funding is in place for the proposed rehab.
- Copy of "Request for Enterprise Zone Qualification" form as submitted and marked received by the Hagerstown-Washington County Economic Development Commission.
- For all residential projects, attach detailed marketing plan (see Guidelines Criteria #9).

**A site visit with the PEP Committee, applicant, and project architect may be required prior to approval of the application.**

*Applicants must comply with all conditions indicated on their application form and eligibility criteria of the program, particularly including receipt of buildings permits for proposed work and implementation of approved development plan and schedule. Any changes to the approved development plan and schedule must be resubmitted for review and approval of the PEP Committee to determine continued eligibility of the project. If a project is disqualified, any financial incentives received to date will be required to be repaid to the City.*

If approved, the developer shall be responsible to report the following to the City:

1. Progress reports every six months on status of project milestones and any anticipated changes to the project plans;
2. Reporting to the City, at completion of construction, the square footage per use type of the renovated space (e.g., office, retail, restaurant);
3. Annual reports to the City on the Enterprise Zone Tax Credit amount per year, if applicable.

**Applicant Signature:**

*By signing below, I certify that the information above is true and correct, I agree to comply with the program requirements, and I understand that failure to comply with the approved development plan and program requirements will result in repayment of any City incentives received unless alternative approvals are granted by the City.*

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*Applicant's Signature*

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*Date*

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**Print Name**

**Return to:**

City of Hagerstown  
Department of Community & Economic Development  
14 N. Potomac, Suite 200A, Hagerstown, MD 21740  
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## Partners in Economic Progress APPLICATION FORM 2 – RENT ASSISTANCE INCENTIVE

### Property Information

This application is for the Rent Assistance Incentive for the following Partners in Economic Progress (PEP) eligible property (check one):

- 34-36 South Potomac St., Suite \_\_\_\_\_
- 38 South Potomac St., Suite \_\_\_\_\_
- 54 South Potomac St., Suite \_\_\_\_\_
- 138-140 West Washington St (Wareham Building), Suite \_\_\_\_\_
- 20 West Washington St., Suite \_\_\_\_\_
- 5 Public Square (Professional Arts Building), Suite \_\_\_\_\_
- 34 West Franklin St., Suite \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Business Information

Description of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business NAICS Code: \_\_\_\_\_

*Note: No grant will be provided unless tenant space has a Use and Occupancy Permit.*

Describe the projected economic impact on City Center, including:

Total Investment: \$ \_\_\_\_\_  
(Tenant Fit Out, Equipment, Start Up Expenses)

Number of Existing Employees: PT \_\_\_\_\_  
FT \_\_\_\_\_

Number of Expected New Employees within 2 years: PT \_\_\_\_\_  
FT \_\_\_\_\_

Creation of economic activity & foot traffic (e.g., anticipated volume of client visits per week, board meetings, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Potential to attract additional business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contribution to vitality of existing businesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the business currently located in the City Center?**  Yes  No

If yes, please provide a detailed description of how the business will have a **greater economic impact** at the new location compared to the current site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, indicate the following:

Increased in Square Footage: Current: \_\_\_\_\_sf Proposed: \_\_\_\_\_sf Change: \_\_\_\_\_sf  
Increased in Employment: Current: \_\_\_\_\_ New in Next 2 years: \_\_\_\_\_ Change: \_\_\_\_\_

**Please select desired incentive distribution:**

OPTION 1 - 24 months  
(50% yr 1/50% yr 2)

OPTION 2- 36 months  
(50% yr 1/35% yr 2/15% yr 3)

If the owner of the eligible property, a principal thereof, or a qualified relative of the owner or a principal is employed by, has as financial interest in or is otherwise affiliated with the applicant, please fully disclose the nature and extent of the relationship below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Attachments:**

- Business Plan
- Revenue Projections
- Copy of a draft or executed lease. If a draft lease is submitted, a final executed lease reflecting the same terms and conditions will be required prior to finalization of the incentive.

**Applicant Signature:**

*By signing below, I certify that the information above is true and correct, I agree to comply with the program requirements, and I understand that failure to comply with the approved development plan and program requirements will result in repayment of any City incentives received unless alternative approvals are granted by the City.*

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*Applicant's Signature*

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*Date*

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