

City of Levelland
Tax Increment Financing Reinvestment Zone
Project Application Information

To be Completed Immediately:

Name: _____ Date _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phones: Work _____ Cell: _____ Fax: _____

Email: _____

Project Location: [Address, Subdivision Name, Attach Location Map] _____

To be Completed With Staff and Board Input:

Estimated Cost of Proposed New Infrastructure [Attach Engineer's Estimate]:

Streets: \$ _____

Water Mains: \$ _____

Sewer Mains: \$ _____

Other [describe below]: \$ _____

Total Estimated Cost: \$ _____

Estimated Average New Home Value: \$ _____

Projected Number of new Homes: _____

Projected Home Development Timeframe [Homes per year]: _____

Amount of TIF Assistance Requested [\$ or %]: \$ _____

Attach Subdivision Plat Showing:

Project Location Existing Infrastructure
Lot and Block Lines

Proposed New Infrastructure
Right of Way Lines