



FIRE SPRINKLER ASSISTANCE APPLICATION

PRIMARY CONTACT INFORMATION FOR THIS APPLICATION

Name: _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Applicant Name:

(name of person/entity
to receive funds)

Property Owner:

Property Address:

DESCRIPTION OF PROPERTY

Current commercial uses or tenant(s):

Building History including Date of Construction:

Qualifying Action:

Business Start-Up

Business Expansion

Business Retention with major building remodel

**Total Qualifying
Expenses:**

\$ _____

Forgivable

Loan Amount of Requested: \$

Is the fire sprinkler system installation or retrofit part of a larger project?

Yes

No, it's the only work I am doing

If yes, please describe comprehensive project.

Summary of Existing Building Condition:

Summary of Proposed Scope of Work. Bids or official estimates from licensed commercial contractors or other providers of needed services and materials are required as an attachment.

How will your project complement Mandan's economic and community development efforts? What is the nature of the business(es)? What are growth plans, if any, over the next five years?

List of any other incentives being sought and/or approved to date through city, county or state programs.

For more information, call the Business Development Office at 701-667-3485.

Signature of applicant: _____ **Date:** _____

Signature of property owner: _____ **Date:** _____
(if different than applicant)

ATTACHMENTS: BIDS & COST ESTIMATES

Note: Bids or official estimates from licensed commercial contractors or other providers of needed services and materials are required. Applicants seeking to perform work themselves must 1) be licensed contractors that perform work for others, 2) must obtain quotes from two other licensed contractors, and 3) will be held to the lowest quote.

Summary of Proposed Expenditures		
Source of Estimate or Bid	Purpose	Estimated Cost
Total		\$