



# TOWN OF CLAYTON

# CDRIG-\_\_\_\_\_

## DOWNTOWN REDEVELOPMENT INCENTIVE GRANT

Property Owner Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Property Address \_\_\_\_\_

NC PIN# \_\_\_\_\_ TAG # \_\_\_\_\_

**Property Tax Value at time of application:** \$ \_\_\_\_\_

Total Estimated Cost of Improvement \$ \_\_\_\_\_

**New Construction (infill) project:**

Description of Project (attach additional pages as needed)

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**Building Rehabilitation/renovation:**

Description of Project (attach additional pages as needed)

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