

BROWNFIELD POLICY VARIANCE REQUEST FORM

For consideration of a variance from the LBRA's Brownfield Policy, the project must be eligible for a variance and the applicant must complete this form in full and provide all requested information. A variance must be requested and approved prior to the issuance of an Invitation to Apply. Variance requests are reviewed by the LBRA Site Committee and may be approved in-whole, approved in-part or denied.

PROJECT INFORMATION

| | |
|------------------------|--|
| Project Address: | |
| Contact Name: | |
| Contact Email: | |
| Variance Eligibility: | <input type="checkbox"/> Project is located within the Principal Shopping District, the boundaries of the Tax Increment Financing Authority, a Corridor Improvement Authority, or Targeted Redevelopment Area. <input type="checkbox"/> Project is proposed by first-time developers participating in an emerging developer initiative at the local, regional, or state level. <input type="checkbox"/> Project is requesting reimbursement for EGLE-eligible activities only. |
| Variance Request Date: | |

VARIANCE REQUEST

Please list the variance, the value of the variance, and the reason for the variance request below.

| LBRA Plan Policy Criteria | Variance Request | Value | Reason |
|---|------------------|-------|--------|
| 1) A minimum of 20% of yearly new incremental taxes flowing through to all taxing units. | | | |
| 2) A minimum of 15% of captured yearly local taxes going to LBRA Brownfield Administration and/or the LBRA Local Brownfield Revolving Fund. | | | |

| | | | |
|---|--|--|--|
| 3) The duration of the Brownfield Plan does not exceed 15 years or the length of financing, whichever is less. | | | |
| 4) The Brownfield Plan includes significant public infrastructure improvements, scaled with the incentive amount, to activate a public space, improve safety, and/or increase mobility and connectivity. | | | |

NARRATIVE OF PUBLIC BENEFITS

Public benefits, if included in the design of the project, may improve the likelihood of approval of the variance request. The Applicant must provide a narrative explaining the project's public benefits and why those benefits were selected. Attach additional pages if necessary.

APPLICANT SIGNATURE

Applicant Name: _____

By:_____

Print Name:

Its:_____

Date:_____

LANSING BRA STAFF USE ONLY

Project Manager:

Date:

Staff Recommendation: Approve____ Deny____ Partial Approval____

Comments:

LBRA SITE COMMITTEE USE ONLY

Site Committee Meeting:

Members Present:

Determination: Approve____ Deny____ Partial Approval____

Comments: