

City of Ripon In-Fill Housing Development Program

PROGRAM APPLICATION

Please complete and return to:
City of Ripon
Attn: City Administrator
100 Jackson St., Ripon, WI 54971
Phone: (920) 748-4914
asonntag@cityofripon.com

Applicant Information

- **Applicant Name(s):** _____
 - **Business Name (if applicable):** _____
 - **Mailing Address:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Project Information

- **Property Address (In-Fill Lot):** _____
 - **Parcel Number:** _____
 - **Zoning District:** R-1 R-2 R-3
 - **Type of Structure Proposed:** Single-Family Home Duplex
 - **Estimated Construction Start Date:** _____
 - **Estimated Completion Date:** _____
 - **Estimated Construction Cost:** \$ _____
 - **Will the anticipated housing cost the household no more than 30% of gross monthly income?**
 Yes No Unknown at this time
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Project Description

Please provide a brief description of the proposed project, including construction plans and expected improvements:

(Attach additional pages if necessary.)

Required Attachments

Please include the following with your application:

- Completed building permit application and plans
 - Site plan or survey of lot (if available)
 - Preliminary construction budget or cost estimate
 - Proof of ownership or intent to purchase (if not the property owner)
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Certification and Signature

I/We certify that the information provided in this application is true and complete to the best of my/our knowledge. I/We understand that submission of this application does not guarantee funding and that reimbursement will only be provided upon project completion, issuance of a Certificate of Occupancy, and submission of required documentation. I/We agree to comply with all program rules and applicable City regulations.

Signature of Applicant

Date

Signature of Applicant

Date

For Office Use Only

Date Received: _____

Applicant Eligible: _____ Yes _____ No

City Administrator Date