



Nonresidential Development Project Form

Please fill out this form for each new development in your community. Forms may be returned by email or fax using contact information below, or by mail using the SEMCOG business reply envelope. Thank you.

➔ **Name of Project** _____

➔ **Location** (please provide at least the parcel id if address not assigned yet)

Address: _____

Parcel ID(s): _____

Cross Streets: _____

Community: _____ ZIP Code: _____

➔ Status	COMPLETED	UNDER CONSTRUCTION	PROPOSED
	Year _____	Started (mm/yy) _____	Projected Start (mm/yy) _____

➔ **Building Type**

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Entertainment/Recreational | <input type="checkbox"/> Retail/Commercial | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Medical (# of beds _____) | <input type="checkbox"/> Research/Hi-Tech | <input type="checkbox"/> Office |
| <input type="checkbox"/> Transportation/Utility | <input type="checkbox"/> Industrial/Manufacturing | |
| <input type="checkbox"/> Hotel (# of rooms _____) | <input type="checkbox"/> Institutional/Governmental/Schools | |
| <input type="checkbox"/> Mixed-Use (please describe: _____) | | |
- (ex. retail and office space)

➔ **Investment Value** \$

➔ **Construction Type**

NEW	REDEVELOPMENT (demolish and rebuild)	ADDITION (to an existing structure)	RENOVATION (of an existing structure)
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If redevelopment project, describe what was previously on site _____

➔ **Building Size** (in square feet of floorspace)

New Square Feet _____
(for new and redevelopment projects)

Addition Square Feet _____ Square Feet of Original Bldg. (if known) _____

Renovation Square Feet _____