

# IMAGE IMPROVEMENT INCENTIVE Application Form

## Painting Incentive Rate Subsidy - Image Improvement

### Application Process

- Complete the application form.
- Ensure all required attachments are included.
- If all relevant information is provided you will be contacted within 10 working days of receipt of your application to advise whether your property is eligible.
- If your property has a Heritage value, you may be contacted by a Council Officer who will provide Heritage Design and Colour guidelines for your consideration. This is part of Council's policy to encourage the preservation of heritage buildings.
- If your property is eligible a meeting will be arranged to discuss rates and conditions.
- A contract will be signed and payment arrangements will be made.

### Package Components I wish to apply for:

- |                                     |                          |
|-------------------------------------|--------------------------|
| 1. Painting Incentive               | <input type="checkbox"/> |
| 2. Rate Subsidy – Image Improvement | <input type="checkbox"/> |

### Attachments – Check List

- |  |                          |
|--|--------------------------|
| Colour Scheme Details (include frontage photo and colour samples from chart)   | <input type="checkbox"/> |
| Quote for Painting (quotes must be provided if a contractor is to be engaged)  | <input type="checkbox"/> |
| Quotes for essential repairs required before painting  | <input type="checkbox"/> |
| Photo of vacant section for beautification work  | <input type="checkbox"/> |
| Quotes for beautification work   | <input type="checkbox"/> |
| If applying on behalf of a non-profit group please attach a copy of minutes of the meeting at which the lodging of this application was approved | <input type="checkbox"/> |

## Section A – Applicants Details

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

I confirm that I am the owner of the above property:

Signed: \_\_\_\_\_

Please complete this section if you are applying on of behalf of a non-profit group.

Name of Organisation: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section B – Property Details

Property address: \_\_\_\_\_

\_\_\_\_\_

Current Property Use *(please tick)*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Commercial       | <input type="checkbox"/> Industrial      | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Non Profit Group | <input type="checkbox"/> Unoccupied Land | <input type="checkbox"/> Other       |

Current Tenant of Property (if other than applicant)

Name: \_\_\_\_\_

Business or Organisation: \_\_\_\_\_

## Section C

### Complete this section to apply for Painting Subsidy

Surface area to be painted in square metres:  
*(note only that area visible from the road is eligible for subsidy)*

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*(Council reserves the right to check or amend details where appropriate)*

Preferred Painting Contractor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Details of person/persons undertaking the work if other than a qualified painting contractor eg:  
owner or tenant of property.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Details of previous painting experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section D

### Complete this section to apply for Rate Subsidy – Image Improvement

Details of essential work required prior to painting:  
*(eg: replacement of cladding, veranda or window repairs)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of beautification work on unoccupied land: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Contractor for Image Improvement work is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Details of person/persons undertaking the work if other than a qualified tradesman/contractor eg: owner or tenant of property.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Details of previous experience relevant to required work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Bank Account Number**

Please provide a printed bank deposit slip or the top of a printed bank statement with the account number you wish the funding to be deposited into.

**Applicant Checklist:**

Have you attached the following:

- A bank printed deposit slip or account number
- Good quality, clear photos of your building.
- Colour paint samples from a paint chart.
- Building area measurements that are visible from the street.

The applicant must supply a Tax Invoice to the South Taranaki District Council, Economic Development Manager. The payment is GST inclusive and reimbursed, after inspection, directly to your bank account.

The incentive does not include sign writing, in any form.

# Application – Office Use

Is the property located in a commercial zone: Yes/No  
 Does the current condition of the property have a negative impact on the commercial attractiveness of the area? Yes/No

Appearance \_\_\_\_\_ Impact \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the property have a Heritage value?  
 The property is listed in the District Plan Yes/No  
 The property is listed in the Heritage Inventory Yes/No

The property has specific heritage value to the Community Yes/No  
*(Please give details of Community Value)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## To be completed by Economic Development Manager

Property Condition has been checked   
 Need for Painting confirmed Yes/No  
 Surface Area for which subsidy applied confirmed Yes/No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Need for Non Standard Preparation Work confirmed Yes/No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Approved: Group Manager**

**Date**

\_\_\_\_\_ : \_\_\_\_\_