



HIP Permit Fee Waiver Screening Form
 Henrico Investment Program (HIP)
 Henrico County Department of Community Revitalization
 804-501-7640 (Assistance) enterprisezone@henrico.us (Electronic Submission)
 P.O. Box 90775, Henrico, Virginia 23273-0775 (Mail Submission)

Applicant/Property Information

Applicant:

Name: _____

Company: _____

Address: _____

City/State/ Zip-code: _____

E-Mail: _____

Phone: _____ Fax: _____

Relationship to Owner (if not owner): _____

Project Site(s) (addresses):

HIP Zone: _____

Property ID Number (GPIN): _____

Property Owner (if different from applicant):

Name: _____

Company: _____

Address: _____

City/State/ Zip-code: _____

E-Mail: _____

Phone: _____ Fax: _____

Project Values

Building: _____

Electrical: _____

Plumbing: _____

Mechanical: _____

Total Project Value: _____

In the space below, please provide a brief project description and estimate of building and site costs (separated) associated with the property/business owner's plans for the property. Any supporting documentation may be included with this application.

I certify that all of the information submitted with this form is, to my knowledge, truthful and accurate.

Signatures:

Applicant: _____ Date: _____

Property Owner (if different from applicant): _____ Date: _____

For HIP and Permit Center staff use only. Do not write below this line.

HIP Staff approves the property/business owner's request for Permit Fee Waiver(s)

HIP Staff has concluded that the property/business owner is not eligible for this incentive

Signed: _____ Date: _____

Reason for Ineligibility (if applicable): _____