

**CITY OF OAKLAND**  
Redevelopment Agency's  
Broadway/MacArthur/San Pablo Redevelopment Project Area  
Commercial Tenant Improvement Program

**PROGRAM APPLICATION**

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

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Applicant:     Property Owner     Business Owner     Other: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Business Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Start Date of Lease: \_\_\_\_\_ End Date of Lease: \_\_\_\_\_

Please indicate specific improvements you wish to make to the interior of your building:

- |  |  |
|--|--|
| <input type="checkbox"/> Interior Design/Décor                     | <input type="checkbox"/> Demolition & Shell Reconstruction   |
| <input type="checkbox"/> Historic Restoration of Interior Features | <input type="checkbox"/> Electrical/Plumbing/Mechanical/HVAC |
|  | <input type="checkbox"/> Other: _____                        |

Please describe the work you want to complete: \_\_\_\_\_

What is your anticipated budget? \$ \_\_\_\_\_ What funds do you have to contribute? \$ \_\_\_\_\_

What is the current condition of the interior of your building? \_\_\_\_\_

In what year was your building constructed? \_\_\_\_\_

Do architectural drawings of your building and/or retail space exist?    Yes    No

I have read the description of the Tenant Improvement Program and commit to following the procedures set forth if I choose to participate in the Program. I understand that I cannot start work on any improvements until my application is approved and an agreement is signed with the Community and Economic Development Agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date