



**City of Wilmington**  
**Department of Real Estate and Housing**  
**PROPERTY DISPOSITION**  
**PROPOSAL FORM**

Date of Submission: \_\_\_\_\_

Project Name (if applicable) \_\_\_\_\_

Site Address 405 South Claymont Street  
Wilmington, Delaware 19801

**A. APPLICANT INFORMATION (Owner Entity)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Contact Person \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_

1. Legal Ownership Entity:

- General Partnership
- Individual
- Non-Profit Organizations (IRS 501 (c)3 Approved)
- Corporations
- Limited Partnership
- Other \_\_\_\_\_

2. Legal Status of Organization:

- Currently Exists
- To Be Formed
- N/A
- Estimated Date of Filing: \_\_\_\_\_

**B. DEVELOPMENT DESCRIPTION**

1. Type of Proposed Development or Use (check all applicable)

- Single Family
- Multi-Family (4 units or less) / Multi-Family (more than 4 units)
- Single Room Occupancy
- Commercial
- Permanent
- Yard Expansion

2. Physical Characteristics of Development

a. Construction Type

- |   |   |
|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Moderate         | <input type="checkbox"/> Historic       |
| <input type="checkbox"/> Substantial      | <input type="checkbox"/> Conversion     |
| <input type="checkbox"/> N/A              |   |
| <input type="checkbox"/> Other _____.     |   |

b. Building Type

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Townhouse    | <input type="checkbox"/> Duplex       |
| <input type="checkbox"/> Single       | <input type="checkbox"/> Apartments   |
| <input type="checkbox"/> Mid Rise     | <input type="checkbox"/> Manufactured |
| <input type="checkbox"/> N/A          |                                       |
| <input type="checkbox"/> Other _____. |                                       |

3. Occupancy Type

- |  |  |
|--|--|
| <input type="checkbox"/> Rental        | <input type="checkbox"/> Mentally Disability |
| <input type="checkbox"/> Homeownership | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> N/A           |  |
| <input type="checkbox"/> Business      |  |
| <input type="checkbox"/> Other _____.  |  |

4. Number of Buildings: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Are the Buildings or Lands Contiguous?  Yes  No

If no, describe the proximity of the sites to each other.

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5. Project Specifications

- a. Total of All Buildings (in square feet): \_\_\_\_\_
- b. Gross Building Area (including basement(s), only if improved): \_\_\_\_\_
- c. Gross Residential and all Residential Related Areas: \_\_\_\_\_
- d. Gross Commercial and all Commercial Related Areas: \_\_\_\_\_
- e. Total Land Area: \_\_\_\_\_
- f. Total Number of Parking Spaces: \_\_\_\_\_
- g. Average Unit Size (sq. ft.): \_\_\_\_\_
- h. Other Areas (explain, if applicable): \_\_\_\_\_

6. Building Description

	<u>Existing</u>	<u>Proposed</u>
Structural System	_____	_____
Exterior Finish	_____	_____
Heating System	_____	_____
A/C System	_____	_____
Number of Elevators	_____	_____
Additional Information:		
	_____	_____
	_____	_____
	_____	_____

7. List community facilities and amenities planned for the development? Continue on separate attachment, if necessary.

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8. Site Information

a. Area \_\_\_\_\_ sq. ft.

b. Zoning

1. Present Zoning Classification: \_\_\_\_\_

2. Is multi-family a permitted use?  Yes  No

c. Is the site located within an Historic District?  Yes  No

9. Existing Building(s)

a. Is the demolition of any buildings planned?  Yes  No

If yes, describe. \_\_\_\_\_

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b. If yes, do you plan to seek a historical designation and tax credit?  Yes  No

Explain: \_\_\_\_\_

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10. Describe the population the project will be attempting to service.

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11. Development Team

Attorney:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

Owner:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

Architect:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

Sponsor:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

Contractor:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

Management Agent:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

Consultant:

\_\_\_\_\_  
(Firm)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State/Zip)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Phone) (Fax)

12. Project Summary

- a. Applicant's Experience — Indicate all housing development projects completed by applicant.

**C. DEVELOPMENT COSTS**

The Minimum Bid Amount for 405 South Claymont Street is \$1. This acquisition fee is due at settlement when the property is transferred to the winning bidder. Please fill in your bid on the line below.

Applicant(s) bid Subtotal \$ \_\_\_\_\_

**Construction Costs:**..... **Subtotal** \$ \_\_\_\_\_

**Soft Costs:**

Architectural/Engineering Fees \$ \_\_\_\_\_

Legal Fees \$ \_\_\_\_\_

Accounting Fees \$ \_\_\_\_\_

Administrative/Development Fees \$ \_\_\_\_\_

Survey \$ \_\_\_\_\_

Title Work \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Relocation \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

**Miscellaneous Costs:**

Developer Fee \$ \_\_\_\_\_

Project Reserve \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

**Contingency:** \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

**TOTAL COSTS** \$ \_\_\_\_\_

Additionally, the City of Wilmington will maintain a \$25,000 lien to ensure construction completion.

**D. SOURCES OF FUNDS**

SOURCE OF FUNDS	AMOUNT	USE OF FUNDS	STATUS (CIRCLE)
1.			Secured Pending
2.			Secured Pending
3.			Secured Pending
4.			Secured Pending
5.			Secured Pending
6.			Secured Pending

1. Total Financing

Total Private Sources \$ \_\_\_\_\_  
 Total Public Sources (excluding HOME request) \$ \_\_\_\_\_  
 Developer's Equity \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**TOTAL ALL SOURCES** \$ \_\_\_\_\_

**NOTE: Total from all sources must match total Development Costs on previous page.**

2. Banking References

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Contact Person \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please submit completed form to:  
 Department of Finance  
 Louis L. Redding City/County Building 5th Floor  
 Wilmington, Delaware 19801**

**Please attach supplemental documentation that will assist us in its review of your application, including letters of commitment from funding sources and other evidence of financing commitments. Submitting entities should look to attain community support from local community groups and city council representatives. Property dispositions shall be subject to liens and/or restrictions in favor of the City of Wilmington. It is the discretion of the Department of Real Estate and Housing's director to determine the extent of such liens and/or restrictions.**