

# BEAUMONT ECONOMIC DEVELOPMENT DEPT.

550 E 6TH STREET, BEAUMONT, CA 92223 PHONE (951) 769-8527 BEAUMONTCA.GOV

## **Grease Trap/Interceptor Program**

### **Application Form**

DATE OF REGISTRATION

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APPLICAN1	Γ INFORM	ATION		E) 20 C) 000 (					
Full Name :	Deidre Chatigny								
Applicant Address :	390 W. Oak Valley Parkway								
City, State, Zip :	Beaumont, CA 92223								
Email:	deidre@bo	cvparks.com		one ımber :	951-845-9555				
Applicant's Interes	t in Property :	Own	Rent	$\checkmark$	Other: Employee				
Name of Business :		Beaumont Youth I	Baseball Sr	ack Ba	)[				
PROPERTY	See Section 1	Cherry Valley Recr	reation & Pa	ark Diet	rict				
	Beaumont-Cherry Valley Recreation & Park District								
Property Owner Address :	390 W. Oa	k Valley Parkway							
City, State, Zip :	Beaumont,	CA 92223							
Email:	deidre@bo		one ımber :	951-845-9555					
PROPERTY	INFORMA	ATION							
Property Address o	r location :	650 W. Oak Valley Parkway							
Assessor's Parcel Number:		400250007							
Total Site Acreage:		60 acres							
Building Square Fo	otage:	1,200							
Proposed or Current Use :		Snack Bar							



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#### COST AND REIMBURSEMENT

Estimated Cost of Project : \$30,000

Requested Reimbursement amount : \$15,000

#### **NOTIFICATIONS**

- · Electronic submittal of applications is allowed.
- Appointments are required for in-person submittal. Contact the Economic Development Department at (951) 769-8527 for scheduling.
- Acceptance of the application at the counter does not represent a complete application or guarantee funding.

#### **ACKNOWLEDGEMENTS**

I hereby acknowledge that I must comply with California Labor Code Prevailing Wage Requirements for the improvements under this program as outlined by the Program Guidelines.

I hereby acknowledge that I will obtain plan approval and any applicable Planning and Building Permits from the City of Beaumont and will comply with all city policies and ordinances including business permit requirements.

I hereby acknowledge that I will obtain Commercial General Liability Insurance and a policy of Worker's Compensation Insurance as outlined by the Program Guidelines.



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I hereby acknowledge that a detailed scope of work is required and will be provided with this application in order to be considered for the program.

#### **AUTHORIZATIONS**

Print Applicant Name :	Deidre Chatigny
Applicant Signature :	Darbelly
Date:	12/22/2023
Print Property Owner Name :	Mickey Valdivia
Property Owner Signature :	walle.
Date:	12/22/2023