## CITY OF TUPELO DEPARTMENT OF DEVELOPMENT SERVICES

## APPLICATION FOR COMMERCIAL AD VALOREM TAX EXEMPTION UNDER

## MISS. CODE ANN. § 17-21-5 (EXCLUDING TAX EXEMPTION FOR SCHOOL DISTRICT PURPOSES)

Propert	y Owner Name:	The GCV Group,	LLC					
Owner l	Mailing Address:	499 Gloster Cree	ek, Ste. F-9, Tupelo, MS 38	3801				
Propert	y Address:	495 South Gloster Street	, Tupelo, MS 38801	Parcel Number:				
Name o	f Business: Midto	own Pointe II	Type of Business:	Office and restaurant rental				
Total Pr	oject Cost:	\$3.2 million	Number of Employees:	75				
The foll	owing requireme	nts must be met to qualif	y for the tax exemption p	rogram:				
1)	Identify in which	n District is the property l	ocated (attach map show	ing location of property):				
	11	Central Business Distric City Council on Decemb		Project area designated by Tupelo				
		Redevelopment District	:					
	X	Business Improvement	District					
2)	Attach copy of C	ertificate of Occupancy						
3)	Identify which one or more of the following objectives applicant contends is met by the new construction, renovation or improvement:							
		Substantial renovation structure (attach staten		storic preservation of existing				
	X	_New building construct	ion					
		Improvement of design Development Services st		equirements (attach certification by				
			provement (vehicular or ttach certification by Deve	pedestrian connection to elopment Services staff)				
1400	-	_ Energy efficiency impro	ovements (document acco	rding to LEED system)				
4)			_	t to the property attach contractor				

A brief summary of the project and attachments may also be submitted.

	of the former building at 495 South Gloster Street was previously occupied by a restaurant named				
McAlis	ster's. The building was demolished and a much larger, 19,000 sq. ft. building has been erected. The ng will be leased to a restaurant, medical providers and healthcare providers. The first tenant is Sanders in Suite 101, which has 17 employees and occupies 7,500 sq. ft. The remainder of the building will be ed to suit the specific needs of future tenants.				
buildi					
Clinic					
finishe					
(addit	ional sheets may be attached)				
0	Alla 5-27-2021				
	r Signature Date				
100	rident				
	ner is not an individual, here identify				
represe.g., pr	sentative capacity of individual signing, resident, partner, etc.)  sollowing is to be completed by Department of Development Services:				
represe.g., pr	resident, partner, etc.)  Allowing is to be completed by Department of Development Services:  Does property meet all City of Tupelo Building and Development Code regulations?				
repres	sentative capacity of individual signing, resident, partner, etc.)  sollowing is to be completed by Department of Development Services:				
represeg, pr	resident, partner, etc.)  Allowing is to be completed by Department of Development Services:  Does property meet all City of Tupelo Building and Development Code regulations?				
The fo	resident, partner, etc.)  following is to be completed by Department of Development Services:  Does property meet all City of Tupelo Building and Development Code regulations?  Yes No				
represe.g., pr	sentative capacity of individual signing, resident, partner, etc.)  Ollowing is to be completed by Department of Development Services:  Does property meet all City of Tupelo Building and Development Code regulations?  Yes No  For new construction, is commercial property privately owned? Yes No  Was construction, renovation or improvement completed and approved by the City of Tupelo Development Services Department no more than 180 days prior to submission of this application for				
The fo	resident, partner, etc.)  Does property meet all City of Tupelo Building and Development Code regulations?  Yes No  For new construction, is commercial property privately owned? Yes No  Was construction, renovation or improvement completed and approved by the City of Tupelo Development Services Department no more than 180 days prior to submission of this application for ad valorem tax exemption? Yes No  Was construction, renovation or improvement pursuant to the requirements of an approved project of the City of Tupelo for the development of the Central Business District, designated Business Improvement District, Urban Renewal District, or designated Redevelopment Districts and/or for the				

**City of Tupelo**PO Box 1485, Tupelo, MS 38802
Voice (662) 841-6510, Fax (662) 841-6550 E-Mail: permits@tupeloms.gov

**CERTIFICATE OF OCCUPANCY** 

CERTIFICATE OF OCC - COMMER

Occupant: SANDERS CLINIC SUITE 101

Address: 495 S GLOSTER ST SUITE 101

1812884

**Applicant Number:** 

Parcel:

089N3102106

Owner:

Name: Address: THE GCV GROUP LLC 499 S GLOSTER STE 6-3 **TUPELO, MS 38801** 



Approved Occupancy:

issued: 04/20/2021 By: TR

Expires:

Signature: Jonga Richards

## APPLICATION AND CERTIFICATE FOR PAYMENT

NET CHANGES by Change Order	previous	CHANGE ORDER SLIMMARY ADDITIONS DEDITIONS	8. CURRENT PAYMENT DUE	Total in Column I of Continuation Sheet	a. of Completed Work  (Columns D+E on Continuation Sheet)  b. of Stored Material (Column F on Continuation Sheet)  Total Retainage (Line 5a + 5b or	1. ORIGINAL CONTRACT SUM	CONTRACTOR'S APPLICATION FOR PAYMENT Application is made for payment, as shown below, in connection with the Contract, Continuation Sheet is attached.	Mooreville, MS 38857  CONTRACT FOR: New Building Construction	38801 VTRACTOR: ruction, LLC	Suite F9	APPLICATION AND CERTIFICATE FOR PAYMENT
Inis Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.	By: Date:	application and on the Continuation Sheet that are changed to conform to the amount certified.)  ARCHITECT:	AMOUNT CERTIFIED	CERTIFICATE FOR PAYMENT In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.	Subscribed and sworn to before  me this  Notary Public:  My Commission expires:  Feb. 5 3 634	State of: MS  County of: Let Date: \$ 7. 20 24	The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.		CONTRACT DATE: 05/11/20 Contractor	APPLICATION #: 12 Dist PERIOD TO: 05/07/21 PROJECT NOS: X	PAGE ONE OF 5 PAGES