



Utility Incentive Program Application

Applicant Name: _____

Business Name: _____

Type of Business: _____

Property Address: _____

Mailing Address: _____

Phone Number: _____

Email: _____

I hereby submit the application for the Downtown Whiteville Utility Incentive Program. I understand and agree to the guidelines of the program and that the application must be approved by the Whiteville City Manager.

Signature of Business Owner

FOR OFFICE USE ONLY

City Property Taxes Paid to Date ____ (Y) or ____ (N)

Planning Director Approval _____ Date: _____

City Manager Approval _____ Date: _____