

COMMERICAL PROPERTY OWNER

Owner Information

Business Name:		Years in Business:	Federal ID Number:	D&B Number (Dun & Bradstreet):
Contact Name:	Telephone:		Email:	
Applicant Type (click one):				
Partnership		Corporation	Non-Profit	LLC
Association		Trust	Government Entity	
Principal Owner Last Name:	First Name:		Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Telephone:	Fax:		Email:	
Co-Owner Last Name:	First Name:		Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Additional Co-Owner (if applicable, please provide Full Name, Address and Last 4 of SSN):				

Property Information

Property Address:			Building Square Footage:
City:	State:	Postal Code:	Year Building Built
Property County:		Parcel ID Number/s:	
Project Type (select all that apply):			
Lighting	Doors	Roof	Other: _____
HVAC	Solar	Windows	
Do you have a contractor selected for your project? Yes No			
If Yes, please provide:		Contractor Name: Contractor Phone Number:	
Have you been current on your mortgage payments for the last 3 years? Yes No N/A			
Do you have any liens against your property? Yes No		Have you been current on your property tax payments for the last 3 years? Yes No	
Electric Provider:		Gas utility provider:	
Electric utility number:		Gas utility account number:	

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Property Management Company			
Property Management Company Name:		Phone:	Years in Business:
Contact Name:	List Relationship to Property Owner (if None, check N/A): N/A		
Mortgage Lender Information			
Mortgage Lender Name:		Mortgage Balance:	
Mortgage Account Number:	Telephone:	Fax:	
Mortgage Lender Street:	City:	State:	Postal Code:
Second Mortgage Lender Name (if applicable):		Second Mortgage Balance:	
Second Mortgage Account Number:	Telephone:	Fax:	
Second Mortgage Lender Street:	City:	State:	Postal Code:
Acknowledgement & Signature			
<p>I acknowledge that the information herein is true, and complete, to the best of my knowledge and belief.</p> <p>I acknowledge that the application fee of \$50 is not refundable.</p>			
_____ Primary Owner Signature		_____ Date (MM/DD/YYYY)	
_____ Co-Owner Signature		_____ Date (MM/DD/YYYY)	
Application Submission & Fee			
<p align="center"><u>Make Checks Payable to: Leidos Engineering, LLC</u></p> <ul style="list-style-type: none"> • Please UPLOAD your completed and signed application to the E VESTFlorida.com Website, or • FAX the aforementioned document to (407) 648-8382, or • MAIL your application to the following address: <p align="center">LEIDOS ENGINEERING, LLC - PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801</p> <p>*Your non-refundable application fee of \$50 must be mailed to the above address. Applications will be reviewed upon receipt of application and application fee.</p>			
For Office Use Only			
Application Fee:	Application Acceptance Date:		Customer Number: