

NEIGHBORHOOD REVITALIZATION APPLICATION FOR TAX REBATE

OSAGE COUNTY NEIGHBORHOOD REVITALIZATION PROGRAM

PART I.

APPLICATION TO PARTICIPATE

OWNER'S NAME _____ DAYTIME PHONE NO. _____

OWNER'S MAILING ADDRESS _____

PROPERTY ADDRESS _____

PARCEL IDENTIFICATION NUMBER _____
(Take Parcel ID number and legal description from your tax statement)

LEGAL DESCRIPTION OF PROPERTY (Attach separate sheet if more space needed) _____

PROPERTY TYPE (CHECK ONE) () RESIDENTIAL () COMMERCIAL/ INDUSTRIAL () AGRICULTURE/COMMERCIAL

EXISTING USE _____ PROPOSED USE _____

AGE OF PRINCIPAL BUILDING(S) _____

OCCUPANCY STATUS DURING LAST 5 YEARS _____

LIST OF BUILDINGS TO BE OR ACTUALLY DEMOLISHED _____

DESCRIBE PROPOSED IMPROVEMENTS OR REMODEL (Also attach drawings with dimensions) **PART I Section A&B must also be submitted**

ESTIMATED DATE CONSTRUCTION IS TO BE COMMENCED _____

ESTIMATED DATE CONSTRUCTION IS TO BE COMPLETED _____

ESTIMATED COST OF IMPROVEMENTS \$ _____ Materials
\$ _____ Labor
\$ _____ TOTAL

BUILDING PERMIT NO. _____ PERMIT DATE _____ YEAR THE TAX ABATEMENT IS TO BEGIN _____

Applicant agrees and acknowledges that: (a) Applicant has received, read and understands the criteria for qualification and the procedure to be completed to qualify; (b) Applicant will follow all required procedures; (c) within 15 days after construction completion, Applicant shall submit Part III to the County Appraiser; (d) If construction is not completed within 12 months of the Conditional Application approval under Part II, and an extension has not been requested and granted as set out in Part 15 of the application, then such approval becomes null and void and all construction completed, if any, will not be eligible to participate in the Rebate Program.

Under penalty of perjury, I hereby state that all information contained in the above Application is true and correct.

Property owner

Date

PART II

COUNTY COMMISSIONER'S INITIAL APPLICATION APPROVAL STATUS

Subject to meeting the minimum percentage increase in appraised value directly attributable to the improvement, the above application is hereby (circle word applicable):

CONDITIONALLY APPROVED

DENIED

County Commissioner

_____, 20_____
Date

County Commissioner

_____, 20_____
Date

County Commissioner

_____, 20_____
Date

PART I – A & B

A) RESIDENTIAL INFORMATION

Please check one of the following that best describes the construction of your property:

() All Contractor Built (turn key) () Pre-built Home move to site () Modular Home () Manufactured Home

() Contractor built with owner participation () All Owner Built () Other _____

Amount of Owner Participation: _____ Hours _____ Percent of Project _____

What was completed by the owner _____

Residential Addition: Square feet of Living Area Added _____ () Basement () Ground Floor or () Upper Floor

Rooms to be Added (Please mark all that apply) () Living Room () Bedroom () Bathroom () Kitchen () Dining Room () Basement
() Other _____

Residential Remodel: Square feet of Area being Remodeled or Finished _____

Rooms to be Remodeled (Please mark all that apply) () Living Room () Bedroom () Bathroom () Kitchen () Dining Room () Basement
() Other _____

If this is basement area being finished, what rooms are being added? _____

Are there Egress Windows in the Basement? _____

Please describe the materials being used (for example; sheetrock walls, suspended ceiling, carpet of the floor, etc.)

B) COMMERCIAL INFORMATION

Please check one of the following that best describes the construction of your property:

() All Contractor Built (turn key) () Pre-built Structure moved to site () Contractor built with owner participation () All Owner Built

() Other _____

Amount of Owner Participation: _____ Hours _____ Percent of Project _____

What was completed by the owner _____

Industrial/Commercial New Construction: Type of Building _____ Use of Building _____

Building Dimensions or Square Foot _____ Exterior Wall Material _____ Wall Height _____

Industrial/Commercial Remodel: Type of Building _____ Use of Building _____

Construction Cost of Remodeling _____ Area to be Remodeled _____

Describe Improvements including type of materials being used _____

Yard Improvements: Type of Yard Improvements (ie..parking lot, lights, fence etc.) _____

Total Cost of Yard Improvements \$ _____

PART III

PROPERTY OWNER'S STATUS REPORT ON COMPLETED CONSTRUCTION

OSAGE COUNTY NEIGHBORHOOD REVITALIZATION PROGRAM

Required to be filed with the County Appraiser within fifteen (15) working days after any Construction and Improvement is completed.

OWNER'S NAME: _____ PHONE NO.: _____

OWNER'S MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

PARCEL IDENTIFICATION NUMBER: _____

COMPLETED CONSTRUCTION INFORMATION:

DATE CONSTRUCTION WAS COMPLETED _____

TOTAL ACTUAL COST OF IMPROVEMENTS

\$ _____	Materials
\$ _____	Labor
\$ _____	TOTAL

Property Owner's Signature

Date

*****For County Appraiser's Use Only*****

CURRENT APPRAISED VALUE

APPRAISED VALUE SUBJECT TO REBATE

Cls	land	imprv	tot-appr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cls	incremental imprv value (before SG)
_____	_____
_____	_____
_____	_____

THE IMPROVEMENTS MADE TO THIS PROPERTY () DO () DO NOT MEET THE REQUIRED INCREASE IN APPRAISED VALUATION (15% for Residential, 25% for Commercial/Industrial, and 15% for Agricultural)

County Appraiser's Office

_____, 20_____
Date

*****For County Treasurer's Office Use Only*****

AS OF _____, 20_____, TAXES AND SPECIAL ASSESSMENTS ON THIS PARCEL OF PROPERTY AND ANY OTHER PROPERTY OWNED BY THE APPLICANT () ARE () ARE NOT DELINQUENT.

County Treasurer

_____, 20_____
Date

*****For County Commissioner's Use Only*****

THE PROPERTY THAT IS SUBJECT TO THIS APPLICATION QUALIFIES FOR THE 5 YEAR REBATE AS SET OUT IN THE OSAGE COUNTY NEIGHBORHOOD REVITALIZATION PLAN:

_____ YES _____ NO

County Commissioner

_____, 20_____
Date

County Commissioner

_____, 20_____
Date

County Commissioner

_____, 20_____
Date