

OSAGE COUNTY, KANSAS
NEIGHBORHOOD REVITALIZATION TAX REBATE
APPLICATION

Property Owner's Name _____

First, MI, Last

Property Owner's Mailing Address _____

Street Address, City, State, Zip code

Property Owner's Phone Number _____

Parcel Identification Number _____

(Located on your tax statement)

Legal Description of Property _____

(Located on your tax statement)

Existing Use _____ Proposed Use _____

Age of Principal Building _____

Occupancy Status During the Last 5 Years _____

List of Buildings to be Demolished if Applicable _____

Estimated Start Date _____ Estimated Date of Completion _____

Estimated Cost of Improvements (Attach estimates) _____

Please check one of the following property descriptions:

- All Contractor built (turn-key) Pre-built, moved to site Modular Home Manufactured Home
 Contractor/Owner participation All owner built Other

Square feet of area being remodeled or built _____

Proposed Improvements or Remodel

Please attach building permits and plans if applicable. Use additional Pages if needed.

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For County Appraiser's Office Use Only

The Property valuation is:

Appraised		Assessed	
Land	\$ _____	Land	\$ _____
Improvements	\$ _____	Improvements	\$ _____
Total	\$ _____	Total	\$ _____
BY _____		DATE _____	
(County Appraiser's Office)			

THE IMPROVEMENTS MADE TO THIS PROPERTY () DO () DO NOT MEET THE REQUIRED INCREASE IN ASSESSED VALUATION (15%).

For County Treasurer's Office Use Only

TAXES AND SPECIAL ASSESSMENTS ON THIS PARCEL OF PROPERTY () ARE () ARE NOT DELINQUENT.

BY _____ DATE _____
(County Treasurer's Office)

For County Commissioner's Office Use Only

THE ABOVE APPLICATION IS () IS () IS NOT IN CONFORMANCE WITH THE REQUIREMENTS OF THE OSAGE COUNTY NEIGHBORHOOD REVITALIZATION PROGRAM.

REASON FOR NOT IN COMPLIANCE

PROPERTY QUALIFIES FOR THE 10 YEAR REBATE () YES () NO

BY _____ DATE _____
(County Commissioner)

BY _____ DATE _____
(County Commissioner)

BY _____ DATE _____
(County Commissioner)