

APPLICATION FOR TAX REBATE UNDER THE SMITH COUNTY
NEIGHBORHOOD REVITALIZATION PLAN

PART 1

(A non-refundable \$200.00 application fee must accompany this application)

OWNER'S NAME: _____ Day Phone No: _____
(Please Print)

Owner's Email: _____

Owner's Mailing Address: _____

Address of Property: _____ School District No: _____

Parcel Identification Number: _____

(Copy from your tax statement or call the County Assessor's Office)

Legal Description of Property: (Use additional sheets if necessary)

Proposed Property Use:

RESIDENTIAL: _____ NEW _____ REHAB _____ OWNER OCCUPIED
_____ RESIDENCE _____ RENTAL _____ OTHER _____
_____ Single Family _____ Multi-Family _____ No. of Units

COMMERCIAL: _____ NEW _____ REHAB _____ OWNER OCCUPIED

INDUSTRIAL: _____ NEW _____ REHAB _____ OWNER OCCUPIED

AGRICULTURE: _____ NEW _____ REHAB _____ OWNER OCCUPIED

Does the applicant own the land? YES NO

Will the proposed project be on a foundation: YES NO

How will the proposed project be taxed? Personal Real
Property Estate

Will it be permanently attached to the property? YES NO

I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project.

Signature of Owner _____ Date _____

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 1 (RESIDENTIAL)

GENERAL:

Estimated Date of Completion: _____

List of buildings proposed to be demolished: _____

ESTIMATED COST OF IMPROVEMENTS:

Materials \$ _____ Labor \$ _____
(Please attach copies of all cost documentation)

Total Cost \$ _____ (Must be over \$25,000 to qualify for rebate).

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

NEW/REHAB RESIDENTIAL:

Story Height _____ Basement Size _____ Heating & Cooling _____

Square Ft of Finished Living Area- Basement _____ Ground Floor _____ Upper Floor _____

Number of Bedrooms _____ Number of Bathrooms _____ Sq. ft. of Unfinished Area _____

Garage Size _____ () Attached () Detached

Signature of Owner Date

APPLICATION FOR TAX REBATE – NEIGHBORHOOD REVITALIZATION PLAN
PART 1 (COMMERCIAL OR AGRICULTURAL)

GENERAL:

Estimated Date of Completion: _____

List of buildings proposed to be demolished: _____

ESTIMATED COST OF IMPROVEMENTS:

Materials \$ _____ Labor \$ _____
(Please attach copies of all cost documentation)

Total cost \$ _____ (Must be over \$25,000 to qualify for rebate).

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

() All Contractor Built (Turnkey) () Pre-built Unit moved on site () Modular Building

() Contractor built with owner participation () all owner built () Other

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

AGRICULTURAL:

Type of Building _____ Use of Building _____

Size of Building _____ Wall Height _____ Exterior Wall Material _____

Signature of Owner

Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 1 (COMMENCEMENT OF CONSTRUCTION)

Parcel Identification Number: _____

Date of Original Application: _____

Construction estimated to begin on: _____

Building Permit Number: _____ (Where applicable)

Estimated Date of Completion of Construction: _____

Owner's Signature _____ Date _____

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 2

Conditionally Approved

Denied

County Appraiser

Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 3

- (a) (To be used only if construction was not completed on the January 1st first following the date of County Appraiser's Approval under Part 2).

Construction and improvement was not completed on the January 1st first following the date of County Appraiser's Approval under Part 2. Estimated completion date is _____

Signature of Owner

Date

- (b) (To be used only when Construction is complete)

All construction and Improvement described in the Application was completed on _____

Final Cost of Improvements: Materials \$ _____

Labor \$ _____

Please attach all final receipts.

Signature of Owner

Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 4

Based upon the Owner's report under Part 3 (b) above and an on-site inspection by the undersigned County Appraiser and/or Deputy County Appraiser of the parcel of real estate described in the Application , the County Appraiser Finds and Orders the following final action on the Application:

(a) The application is finally approved and it is determined that the construction and improvement completed pursuant to the Application resulted in an increase in the appraised value of the parcel of real estate described in the Application which is directly attributable to such construction and Improvement in the amount of \$ _____

Or

(b) The Application is finally rejected and denied for the following reasons: _____

County Appraiser

Date