

**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