



**CITY OF AUGUSTA
NEIGHBORHOOD REVITALIZATION PLAN
APPLICATION FOR TAX REBATE**

PART I

Owner's Name: _____ Phone No: _____

Owner's Mailing Address: _____

Address of Property: _____ School District No.: _____

CAMA No. _____
(Found on your tax statement, Butler County GIS, or call the County Appraiser's Office)

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

Proposed Property Use:

RESIDENTIAL: New Rehab; Rental Owner-Occupied
 Residence Other (explain) _____

Single-Family Multi-Family (No. Units) _____

COMMERCIAL: New Rehab Rental Owner-Occupied

INDUSTRIAL: New Rehab Rental Owner-Occupied

Length of NRP Plan: 5 Years 10 Years Building Permit # _____

Are the Property taxes paid up to date? Yes No Is the Property already in the NRP? ____

Residential Remodel 2010 or older? Yes No

Current property valuation (see section 4.2): _____



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Improvements and Associated Costs. Please provide rough draft drawings and dimensions. (Use additional sheets if necessary)

Estimated Date of Completion: _____

****The Owner will have a maximum of one year to complete the project unless otherwise approved. ****

Estimated or Actual Cost of Improvements: Materials: \$ _____ Labor: \$ _____

(Documentation is needed, even hand-written estimates)

List of buildings proposed to be or actually demolished (use additional sheets if necessary):

Has a Demolition Permit been obtained for the project? Yes No

Is the property zoned appropriately for the proposed project? Yes No

Current Zoning District Classification: _____

Required Zoning District Classification: _____

Does the applicant own the land? Yes No

Will the proposed project be on a foundation? Yes No

Will the proposed project be permanently attached to the property? Yes No



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

Signature of Applicant

Date

Property Address

****NOTE: A non-refundable \$25 application fee must accompany this application. ****

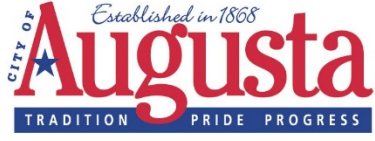
Approved by City Inspector: _____

BUTLER COUNTY APPRAISER'S USE ONLY

Based upon the above listed improvements and associated costs supplied by the applicant, the improvement (____ will) or (____ will not) meet the terms for a tax rebate.

Butler County Appraiser's Office

Date



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**PART II-January Status
COMMENCEMENT OF CONSTRUCTION**

Building Permit No. _____

Estimated date of Completion of Construction: _____

Applicant's Signature

Date

Property Address: _____

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PART III
STATUS OF CONSTRUCTION / COMPLETION

Building Permit No. _____

- Incomplete Project as of January 1 following commencement.
- Complete Project as of January 1 following commencement.
- City Final Inspection

Applicant Signature

Date

Project Address: _____

BUTLER COUNTY APPRAISER'S USE ONLY

The above Improvements:

_____ Meet the 10% increase in market value minimum investment for residential property.

_____ Does **not** meet the 10% increase in market value minimum investment for residential property.

_____ Meets the 15% increase in market value minimum investment for commercial/industrial property.

_____ Does **not** meet the 15% increase in market value minimum investment for commercial/industrial property.

Butler County Appraiser's Office

Date

BUTLER COUNTY CLERK'S OFFICE USE ONLY

As of the _____ day of _____, 20____, taxes on this parcel are (_____ current) (_____ not current).

Butler County Clerk's Office

Date