

REVITALIZATION TAX CREDIT APPLICATION



Owner Name (s) _____

Mailing Address _____

Phone # _____

Eligible Property: Account # _____ Building Permit # _____

Premise Address: _____

Residential Non-Residential Date Improvement Completed _____

I (We) request a tax credit based upon the completion of an improvement to my real property which meets one of the following criterion, as specified in County Code Section 10-235.02: (Check all that apply)

- 1. The construction, reconstruction, or extension of non-residential structures.
- 2. The reconstruction or expansion of existing residential structures.
- 3. The construction or reconstruction of new single-family residential structures that are built on lots on which a residential structure has been razed or demolished within the prior five (5) years, or on vacant lots between adjacent lots with single-family residential structures.
- 4. New construction in developments of less than ten (10) single-family dwelling units, as set forth in the plan of subdivision. (**NOTE:** Development of more than ten single family units or any multifamily units are not eligible unless approved by resolution of the County Council).

I declare, under penalties of perjury, that all information above is true and correct.

Signed: _____ Date: _____

Printed Name: _____

DO NOT WRITE BELOW THIS LINE

- | | | |
|---|------------|--------------|
| <input type="checkbox"/> Application # | (Treasury) | # _____ |
| <input type="checkbox"/> Eligible Census Tract # | (Treasury) | # _____ |
| <input type="checkbox"/> Eligible Full Cash Value | (Assessor) | \$ _____ |
| <input type="checkbox"/> Effective Year Start | (Assessor) | (Date) _____ |
| <input type="checkbox"/> Not Assessed, Will be Assessed | (Assessor) | (Date) _____ |
| <input type="checkbox"/> Credit Approved (Date) | (Treasury) | (Date) _____ |

Approved (Printed) Name: _____ Date: _____

Signature: _____ Phone #: _____

Distribution:
Applicant (when approved)
Treasury (approval copy)
Assessor