## APPLICATION FOR TAX REBATE UNDER THE CITY OF PITTSBURG NEIGHBORHOOD REVITALIZATION PROGRAM

| Owner's Name:                                          | Print) Day Phone #:                                                                                                                                                                                    |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        |                                                                                                                                                                                                        |
| Owner's Mailing Address:                               |                                                                                                                                                                                                        |
| Address of Property:                                   | Social Security #                                                                                                                                                                                      |
| Parcel Identification Number: _<br>(Take from          | your taxes or call the County Appraiser's Office)                                                                                                                                                      |
| Legal Description of Property: _                       |                                                                                                                                                                                                        |
|                                                        | (Use additional sheets if necessary)                                                                                                                                                                   |
| (Mark One)                                             | Residential Commercial Industrial Owner-occupied Rental                                                                                                                                                |
| Describe Proposed Improvemen                           | its <u>:</u>                                                                                                                                                                                           |
| (Attach da                                             | rawings and dimensions) (Use additional sheets if necessary)                                                                                                                                           |
| Estimated Date Construction W                          | ill Start: Bldg.Permit#:                                                                                                                                                                               |
| Estimated Date of Completion:                          |                                                                                                                                                                                                        |
| Estimated Cost of Improvement  (Documentation is neede | (s): Materials: (a) \$ (b) Labor: \$ dto support these)                                                                                                                                                |
| List of Buildings Proposed to B                        | e Demolished:                                                                                                                                                                                          |
|                                                        | te the Following: Number of Units                                                                                                                                                                      |
| that this application will void or                     | follow all application procedures and criteria. I further understand ne (1) year from this date below, If improvements and construction nust be completed within two (2) years of date of application. |
| By:(Owner's Signature)                                 | Date:                                                                                                                                                                                                  |
| Based upon the above list this application is          | FOR CITY OF PITTSBURG USE ONLY sted improvements and associated cost supplied by the applicant, Accepted Denied for further processing.  Date:                                                         |

| Owner Name:                                              | PART 2 Parcel ID #                                                                                                                                                                       |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| =                                                        | NCEMENT OF CONSTRUCTION                                                                                                                                                                  |
| Construction Estimated to Begin On:                      | Building Permit Number:                                                                                                                                                                  |
|                                                          | (When Applicable)                                                                                                                                                                        |
| By: I                                                    | Date:                                                                                                                                                                                    |
| (Owner's Signature)                                      | * * * * * * * * * *                                                                                                                                                                      |
|                                                          | PART 3                                                                                                                                                                                   |
|                                                          | F CONSTRUCTION/ COMPLETION                                                                                                                                                               |
| Incomplete Project as of January 1, Follo                | wing Commencement:                                                                                                                                                                       |
| Complete Project as of January 1, Follow                 | ving Commencement:                                                                                                                                                                       |
| with this report. Signed: (Owner's Signature)            | Date:                                                                                                                                                                                    |
| FOR COUN                                                 | ITY APPRAISER'S OFFICE ONLY                                                                                                                                                              |
| THE ABOVE IMPROVEMENTS:                                  |                                                                                                                                                                                          |
| Does Not Meet the \$5,000 Min Meets the \$10,000 Min mum | nvestment for Residential Property inimum Investment for Residential Property Investment for Commercial or Industrial Property. Inimum Investment for Commercial or Industrial Property. |
| By: (Crawford County Appraiser's Office)                 | Date:                                                                                                                                                                                    |
|                                                          |                                                                                                                                                                                          |
| <u>FOR CO</u>                                            | UNTY CLERK'S OFFICE ONLY                                                                                                                                                                 |
| As of, 19                                                | Taxes in This Parcel Are Are Are Not Current                                                                                                                                             |
| By:(Crawford County Clerk's Office)                      | Date:Nra:rebate.app                                                                                                                                                                      |