APPLICATION FOR TAX REBATE
CITY OF SALINA NEIGHBORHOOD REVITALIZATION PROGRAM (01/03/03)
(Please Print or Type)

NO. _____

PART 1- Basic Project Information

OWNER'S NAME _____ DAY PHONE NO. _____

OWNER'S MAILING ADDRESS _____

PROPERTY ADDRESS _____

PARCEL IDENTIFICATION NUMBER __ __ __ -- __ __ -- __ -- __ __ -- __ __ -- __ __ __ . __ __ -- __ -- __ __

(16 to 19-digit "CAMA #" ending usually in .00-0, found on tax statement or payment

LEGAL DESCRIPTION OF PROPERTY (follows "CAMA #" on tax statement of payment receipt)

_____

_____

_____

PROPERTY TYPE (CHECK ONE)   [ ] Residential   [ ] Commercial/Industrial

EXISTING USE _____ PROPOSED USE _____

AGE OF PRINCIPAL BUILDING(S) _____

OCCUPANCY STATUS DURING LAST 5 YEARS _____

LIST BUILDINGS TO BE OR ALREADY DEMOLISHED _____

_____

LIST PROPOSED IMPROVEMENTS_____

_____

_____

_____

TOTAL COST OF IMPROVEMENTS $_____ [ ] ACTUAL [ ] ESTIMATED

DATE CONSTRUCTION TO BEGIN _____ BUILDING PERMIT NO(s)._____

DATE TO BE COMPLETED _____ [ ] ACTUAL [ ] ESTIMATED

BY _____ DATE _____
(Property Owner's Signature)

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for COUNTY APPRAISER'S use only

As of _____
the appraised valuation of this property is as follows:

Land $ _____
Improvements $ _____
Total $ _____

BY _____ DATE _____
(County Appraiser)

6/1/98 rev. 03/06

PART 2- Owner's Statement of Project Status
for PROPERTY OWNER'S use only

NO. _____

As of January 1,_____ the improvements are (will be): [ ] COMPLETE [ ] INCOMPLETE (Check one)

BY _____ DATE _____
    (Property Owner's Signature)

·······················(second statement below <u>only</u> for projects not completed during first taxable year.)·······················

As of January 1,_____ the improvements are (will be): [ ] COMPLETE [ ] INCOMPLETE (Check one)

BY _____ DATE _____
    (Property Owner's Signature)

PART 3- Final Qualifications for Refund

for COUNTY APPRAISER'S use only

As of _____
the appraised valuation of this property is as follows:

Land $ _____
Improvements $ _____
Total $ _____

BY _____ DATE _____
    (County Appraiser)

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for COUNTY CLERK'S use only

As of _____ taxes and special assessments on this parcel of property

[ ] ARE   [ ] ARE NOT delinquent.

BY _____ DATE _____
    (County Clerk)

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for CITY CLERK'S use only

As of _____ BID assessments on this parcel of property

[ ] ARE   [ ] ARE NOT delinquent.

BY _____ DATE _____
    (City Clerk)

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for CITY PLANNING AND COMMUNITY DEVELOPMENT'S use only

The above application [ ] IS [ ] IS NOT in conformance with the requirements of the City of Salina Neighborhood Revitalization Program. Reason, if not in conformance:

_____

BY _____ DATE _____
    (City Planning and Community Development Director)

6/1/98 rev. 01/03