

APPLICATION FOR TAX REBATE

City of Augusta, Kansas
Neighborhood Revitalization Program
(Please Print or Type)
\$25 Application Fee

Part I

Owner's Name _____ Day Telephone Number _____

Owner's Mailing Address _____

Property Address _____

Parcel ID Number* _____

Legal Description* _____

Lot(s) _____ Block _____ Addition _____

City Tract _____

Property Type (Check One) [] Residential [] Commercial/Industrial

Existing use: _____

Proposed use: _____

List building(s) proposed to be or actually demolished: _____

List of proposed improvements: _____

(Be specific – attach drawings and dimensions; use additional sheets if necessary)

Estimated total cost of improvements (per building permit; attach supporting documentation):

Materials: \$ _____ Labor: \$ _____

Estimated Construction Dates:

Start: _____ Completion: _____

Building Permit # _____ Plumbing Permit # _____

Electrical Permit # _____ Mechanical Permit # _____

(Rental-Commercial-Industrial properties require licensed contractors)

(Property Owner's Signature) Date: _____

*Parcel ID and legal description are found on your tax statement, or call the County Appraiser's Office.

Inspection Department Use Only Name: _____ Address: _____

Date: _____

Appraised valuation of the building(s) on this property: \$ _____ (a)

Assessed valuation of the building(s) on this property:

Residential (11.5% of appraised value, line a) \$ _____ (b)

Commercial/Industrial (24% of appraised valuation, line a) \$ _____ (c)

10% (residential) or 15% (commercial/industrial) of assessed valuation:

(10% or 15% x line b or c) = \$ _____

The improvements listed on this application:

Meet Do NOT meet

the minimum investment criteria of \$5,000 or 10% of the assessed valuation for residential property (whichever is higher).

Meet Do NOT meet

the minimum investment criteria of \$10,000 or 15% of the assessed valuation for commercial/industrial property (whichever is higher).

As of _____, taxes and special assessments on this property are:

Current Delinquent

The above application *is* *is not* in conformance with the requirements of the City of Augusta, Kansas Neighborhood Revitalization Program.

Reasons for non-conformance: _____

By: _____
(Inspector, City of Augusta)

Date: _____

County Appraiser's Use Only

The County Appraiser's Office

Concurs Does NOT concur—explanation: _____

with the City of Augusta's determination on this application.

By: _____

Date: _____

APPLICATION FOR TAX REBATE

City of Augusta, Kansas

Neighborhood Revitalization Program

Part 2

January Status of Construction

(Submit only if project is not complete by the January following project start date.)

Property Owner Use Only

Owner's Name _____ Day Telephone Number _____

Owner's Mailing Address _____

Property Address _____

As of January 1 following commencement of construction, the improvements are approximately _____% complete.

By _____
(Property Owner's Signature)

Date _____

County Clerk Use Only

As of _____, taxes and special assessments on this parcel of property [] *are* [] *are not* delinquent.

By _____
(County Clerk Office)

Date _____

APPLICATION FOR TAX REBATE

City of Augusta, Kansas

Neighborhood Revitalization Program

Part 3 Project Completion

Property Owner Use Only

Owner's Name _____ Day Telephone Number _____

Owner's Mailing Address _____

Property Address _____

As of _____, the improvements are complete.

By _____
(Property Owner's Signature)

Date _____

Inspection Department Use Only

As of _____, all permits issued to this address/property have been signed off and all work accomplished is in compliance with the applicable technical codes, regulations and city ordinances.

By _____
(Inspector, City of Augusta)

Date _____

County Clerk Use Only

As of _____, taxes and special assessments on this parcel of property [] *are* [] *are not* delinquent.

By _____
(County Clerk Office)

Date _____