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**APPLICATION FOR TAX EXEMPTION UNDER THE URBAN REVITALIZATION PLAN**

|  |  |
| --- | --- |
| Date: |  |
|  |  |
| Property Address: |  |

**APPLICANT INFORMATION**

Owner Name:

Mailing Address:

Phone: Email:

Title Holder: Contract Buyer:

**PROPERTY INFORMATION**

Existing Property Use: □Residential □Commercial □Industrial □Vacant

Proposed Property Use: □Residential, Owner-Occupied □Commercial □Industrial

 □Residential, Rental Number of Units

Nature of Improvements: □New Construction □Addition □General Improvements

 Please describe:

Date of Completion:

Cost of Improvements: $

**ACKNOWLEDGEMENT**

**I understand that the tax exemption will not be applied until the Delaware County Assessor has been allowed to inspect the improvements.**

Signature Date

Staff Use Only

□LEGAL DESCRIPTION ATTACHED PARCEL NUMBER

CITY COUNCIL APPROVED / / RESOLUTION NO.

SENT TO DEL CO ASSSESSOR / /