

**NEIGHBORHOOD REVITALIZATION APPLICATION FOR TAX REBATE**

**Osage County Neighborhood Revitalization Program**

(Please Print or Type)

DATE OF APPLICATION \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ DAYTIME NO. \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

PARCEL IDENTIFICATION NUMBER \_\_\_\_\_

(Take Parcel ID number and legal description from your tax statement)

LEGAL DESCRIPTION OF PROPERTY \_\_\_\_\_

\_\_\_\_\_  
(Use additional sheets if necessary)

PROPERTY TYPE (CHECK ONE) ( )Residential ( )Commercial/Industrial ( )  
Agriculture/Commercial

EXISTING USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

AGE OF PRINCIPAL BUILDING(S) \_\_\_\_\_

OCCUPANCY STATUS DURING LAST 5 YEARS \_\_\_\_\_

LIST OF BUILDINGS TO BE OR ACTUALLY DEMOLISHED \_\_\_\_\_

\_\_\_\_\_  
LIST OF PROPOSED IMPROVEMENTS OR REMODEL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Be specific – use additional sheets if necessary)

DOES THIS PROPERTY QUALIFY FOR THE FEDERAL GOVERNMENT ENERGY STAR PROGRAM? \_\_\_\_\_ YES \_\_\_\_\_ NO (Attach documentation)

TOTAL COST OF IMPROVEMENTS \$ \_\_\_\_\_ ( )ACTUAL ( )ESTIMATED

CONSTRUCTION TO BEGIN ON \_\_\_\_\_, 20\_\_

BUILDING PERMIT NUMBER \_\_\_\_\_

YEAR THE TAX ABATEMENT IS TO BEGIN \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_, 20\_\_ ( )ACTUAL ( )ESTIMATED

BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_  
(Property Owner's Signature)

**PART 1  
RESIDENTIAL**

**General**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to be Demolished \_\_\_\_\_

Estimated Cost of Improvements (Please attach copies of cost documentation and Blueprints or Plans)

Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

Please check one of the following that best describes the construction of your property:

- All Contractor Built (turn-key)    Pre-built Home moved to site    Modular Home  
 Manufactured Home    Contractor built with owner participation    All Owner Built  
 Other

Amount of Owner Participation: \_\_\_\_\_ Hours \_\_\_\_\_ Percent of Project

What was completed by owner \_\_\_\_\_

**Residential Addition**

Square Feet of Living Area Added \_\_\_\_\_  Basement  Ground Floor or  
 Upper Floor

Rooms to be Added (Please mark all that apply)

- Living Room                       Bedroom                       Bathroom  
 Kitchen                               Dining Room                 Basement  
 Other \_\_\_\_\_

**Residential Remodel**

Square feet of Area being Remodeled or Finished \_\_\_\_\_

Rooms to be Remodeled (Please mark all that apply)

- Living Room       Bedroom       Bathroom  
 Kitchen       Dining Room       Basement  
 Other \_\_\_\_\_

If this is basement area being finished what rooms are being added? \_\_\_\_\_  
\_\_\_\_\_

Are there Egress Windows in the Basement? \_\_\_\_\_

Please describe the materials being used (for example; sheetrock walls, suspended ceiling, carpet on the floor)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Part 1-A**

**COMMERCIAL OR INDUSTRIAL**

**General**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to be Demolished \_\_\_\_\_

Building Cost (Please attach copies of cost documentation and Blueprints or Plans)

Materials\$ \_\_\_\_\_ Labor\$ \_\_\_\_\_

Total\$ \_\_\_\_\_

Cost of Yard Items (ie: parking lot, lights, fence, etc.) \_\_\_\_\_

Please check one of the following that best describes the construction of the property.

- ( ) All Contractor Built (turn-key)                      ( ) Contractor built with Owner participation  
( ) All Owner Built    ( ) Other \_\_\_\_\_

Amount of Owner Participation \_\_\_\_\_ Hours \_\_\_\_\_ Percent of the Project

What was completed by the owner?

**Industrial/Commercial New Construction**

Type of Building \_\_\_\_\_ Use of Building \_\_\_\_\_

Building Dimensions or Square Foot \_\_\_\_\_

Exterior Wall Material \_\_\_\_\_

Wall Height \_\_\_\_\_

**Industrial/Commercial Remodel**

Construction Cost of Remodeling \_\_\_\_\_

Area to be Remodeled \_\_\_\_\_ Type and Use of Building \_\_\_\_\_

Describe Improvements \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

**For County Appraiser's Use Only**

As of \_\_\_\_\_, 20\_\_\_\_, the valuation of this property is:

APPRAISSED		ASSESSED	
Land	\$ _____	Land	\$ _____
Improvements	\$ _____	Improvements	\$ _____
Total	\$ _____	Total	\$ _____

BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_  
(County Appraiser's Office)

THE IMPROVEMENTS MADE TO THIS PROPERTY ( )DO ( )DO NOT MEET THE REQUIRED INCREASE IN ASSESSED VALUATION ( 15% for Residential 25% for Commercial/Industrial).

**For County Treasure's Office Use Only**

AS OF \_\_\_\_\_, 20\_\_\_\_, TAXES AND SPECIAL ASSESSMENTS ON THIS PARCEL OF PROPERTY ( )ARE ( )ARE NOT DELINQUENT.

BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_  
(County Treasurer's Office)

**For County Commissioner's Use Only**

THE ABOVE APPLICATION ( )IS ( )IS NOT IN CONFORMANCE WITH THE REQUIREMENTS OF THE OSAGE COUNTY NEIGHBORHOOD REVITILIZATION PROGRAM. REASON FOR NOT IN COMPLIANCE \_\_\_\_\_

\_\_\_\_\_

PROPERTY QUALIFIES FOR THE 5 YEAR REBATE \_\_\_\_\_ YES \_\_\_\_\_ NO  
PROPERTY QUALIFIES FOR THE 6 YEAR REBATE – ENERGY STAR PROGRAM  
\_\_\_\_\_ YES \_\_\_\_\_ NO

BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_  
(County Commissioner)

BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_  
(County Commissioner)

BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_  
(County Commissioner)