

CRA TAX ABATEMENT – APPLICATION

Date Received: *(office use only)* _____

Application #: *(office use only)* _____

1. Name of Real Property Owner: _____

2. Name of Occupant *(if different from # 1):* _____

3. Address of Real Property to be Abated: _____

4. Tax Mailing Address *(if different from # 3):* _____

5. Exemption sought for: New Structure Remodeling

6. Building Use: Residential – Single-family Residential – Condominium Residential – Multi-family

Commercial Industrial

7. Construction or Remodeling Cost *(attach verification):* \$ _____

8. Date of Project Completion: _____

9. Description of Work Completed: _____

(include building square footage)

10. Certificate of Occupancy: Building Permit #: _____ Certificate Date: _____

11. District & Parcel Number: District: _____ Parcel #: _____

12. Real Estate Agent Information: Name: _____

(if applicable)

Address: _____

Phone: _____

13. Does this project involve a structure of Historical and/or Architectural significance?
(If yes, attach written certification of such by the designated agency or authority agent.) Yes No

14. Property Owner Certification: *I certify that the above, and any attached information, is true and correct to the best of my knowledge. I certify that real and/or personal property taxes are not delinquent on this property; or, if taxes are delinquent, that they are currently being paid under an agreement enforceable by the State of Ohio. ["Delinquent taxes" are taxes that remain unpaid the latest day prescribed for payment without penalty according to the Ohio Revised Code.]*

15. Property Owner's Signature: _____

16. Applicant's Phone Number: _____ Date Application Completed: _____

DO NOT WRITE BELOW

Information to be completed by the City of Newark & Licking County Auditor Only

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A. Length of Abatement: _____ *years* _____

B. Abatement Percentage _____ % _____

C. Resolution #: _____

D. Effective Date: _____

E. Community Reinvestment Area #: _____

F. Date of School Board Notification(s): _____

G. Does this application and the applicant's project meet the requirements for a tax exemption under O.R.C. 3735.67?

Section D(1)

Section D(2)

Section D(3)

H. **Housing Officer Certification:** *I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program in the City of Newark, Ohio.*

Housing Officer Signature: _____

Date: _____

Date forwarded to LC Auditor: _____

Date received by LC Auditor: _____

LC Auditor Approval/Signature: _____

Date: _____