APPLICATION FOR TAX REBATE UNDER THE SMITH COUNTY
NEIGHBORHOOD REVITALIZATION PLAN
PART 1
(A non-refundable $200.00 application fee must accompany this application)

OWNER'S NAME: _____ Day Phone No: _____
(Please Print)

Owner's Email: _____

Owner's Mailing Address: _____

Address of Property: _____ School District No: _____

Parcel Identification Number: _____
(Copy from your tax statement or call the County Assessor's Office)

Legal Description of Property: (Use additional sheets if necessary)

Proposed Property Use:

RESIDENTIAL: _____NEW _____REHAB_____OWNER OCCUPIED

_____RESIDENCE ___RENTAL_____OTHER_____

_____Single Family _____Multi-Family _____No. of Units

COMMERCIAL:
_____NEW _____REHAB_____OWNER OCCUPIED

INDUSTRIAL:
_____NEW _____REHAB_____OWNER OCCUPIED

AGRICULTURE:
_____NEW _____REHAB_____OWNER OCCUPIED

Does the applicant own the land? YES ☐ NO ☐

Will the proposed project be on a foundation: YES ☐ NO ☐

How will the proposed project be taxed? Personal Property ☐ Real Estate ☐

Will it be permanently attached to the property? YES ☐ NO ☐

I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project.

_____ _____
Signature of Owner Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 1 (RESIDENTIAL)

GENERAL:

Estimated Date of Completion: _____

List of buildings proposed to be demolished: _____

_____

ESTIMATED COST OF IMPROVEMENTS:

Materials $ _____Labor $ _____
(Please attach copies of all cost documentation)

Total Cost $_____ (Must be over $25,000 to qualify for rebate).

Amount of Owner Participation _____Hours _____Percent of Project _____Value

NEW/REHAB RESIDENTIAL:

Story Height _____Basement Size _____Heating & Cooling _____

Square Ft of Finished Living Area- Basement _____Ground Floor _____Upper Floor_____

Number of Bedrooms _____ Number of Bathrooms _____Sq. ft. of Unfinished Area _____

Garage Size _____ ( ) Attached ( ) Detached

*** ATTACH PLANS/BLUEPRINT ***

_____ _____

Signature of Owner Date

APPLICATION FOR TAX REBATE – NEIGHBORHOOD REVITALIZATION PLAN
PART 1 (COMMERCIAL OR AGRICULTURAL)

GENERAL:

Estimated Date of Completion: _____

List of buildings proposed to be demolished: _____

_____

ESTIMATED COST OF IMPROVEMENTS:

Materials $ _____ Labor $ _____
(Please attach copies of all cost documentation)

Total cost $ _____ (Must be over $25,000 to qualify for rebate).

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

( ) All Contractor Built (Turnkey) ( ) Pre-built Unit moved on site ( ) Modular Building

( ) Contractor built with owner participation ( ) all owner built ( ) Other

Amount of Owner Participation _____Hours _____ Percent of Project _____ Value

AGRICULTURAL:

Type of Building _____Use of Building _____

Size of Building _____Wall Height _____Exterior Wall Material _____

_____ _____
Signature of Owner Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 1 (COMMENCEMENT OF CONSTRUCTION)

Parcel Identification Number: _____

Date of Original Application: _____

Construction estimated to begin on: _____

Building Permit Number: _____ (Where applicable)

Estimated Date of Completion of Construction: _____

Owner's Signature _____ Date _____

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 2

Conditionally Approved Denied

_____ _____
County Appraiser Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 3

(a) (To be used only if construction was not completed on the January 1st first following the date of County Appraiser's Approval under Part 2).

Construction and improvement was not completed on the January 1st first following the date of County Appraiser's Approval under Part 2. Estimated completion date is_____

_____ _____
Signature of Owner Date

(b) (To be used only when Construction is complete)

All construction and Improvement described in the Application was completed on_____

Final Cost of Improvements: Materials $_____

Labor $_____

Please attach all final receipts.

_____ _____
Signature of Owner Date

APPLICATION FOR TAX REBATE-NEIGHBORHOOD REVITALIZATION PLAN
PART 4

Based upon the Owner's report under Part 3 (b) above and an on-site inspection by the undersigned County Appraiser and/or Deputy County Appraiser of the parcel of real estate described in the Application , the County Appraiser Finds and Orders the following final action on the Application:

(a) The application is finally approved and it is determined that the construction and improvement completed pursuant to the Application resulted in an increase in the appraised value of the parcel of real estate described in the Application which is directly attributable to such construction and Improvement in the amount of $_____

Or

(b) The Application is finally rejected and denied for the following reasons:_____

_____ _____

County Appraiser Date