

LOGAN COUNTY NEIGHBORHOOD REVITALIZATION PLAN

APPLICATION FOR TAX REBATE

(Please print or type)

Owners Name

Owner's Mailing Address

Street

City/State/Zip

Telephone

Home

Work

Property Address

Street

City/State/Zip

PROPERTY IDENTIFICATION INFORMATION

School District: _____

Legal Description (attach additional sheets if necessary)

Parcel Identification Number:

PROPERTY USE

☐

Residential

☐

Non-Residential

☐

Rental

☐

Owner – Occupied

Is this property listed on a Historic Registry?

☐ No

☐ Yes (Attach proof of registry)

PROPOSED IMPROVEMENTS

Improvement Description

Cost Estimate \$ _____

Start Date _____

Finish Date _____

Applicant's Signature

Date

As of _____, 20____ the Assessed Valuation for the property commonly known as:

_____	Land Value	\$ _____
Street _____		
_____	Improvement Value	\$ _____
County _____		
_____	Total Property Valuation	\$ _____
State _____ Zip _____		

Based on the above listed improvements and associated costs supplied by the applicant the improvement
WILL or WILL NOT meet the percentage test for a tax rebate.

By: _____ Date _____

STATUS OF CONSTRUCTION PROJECT

- ☐ As of January 01, **IS NOT** complete
☐ As of January 01, **IS** complete

By: _____ Date _____
Property Owner Signature

THE ABOVE IMPROVED PROPERTY ASSESSED VALUE IS: \$ _____

	Prior to Improvement	After Improvement	Amount Subject to Rebate
LAND	\$ _____	\$ _____	\$ _____
IMPROVEMENTS	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

By: _____ Date _____
Logan County Appraiser

As of _____, 20____, Taxes on the herein listed property Address & Parcel:

☐ **ARE CURRENT** ☐ **ARE NOT CURRENT**

By: _____ Date _____
Logan County Clerk

The herein listed property [] **IS** [] **IS NOT** in conformance with the requirements of the Logan County
neighborhood Revitalization Plan. (Contact plan Administrator for reason property is not in conformance)

By: _____ Date _____
Plan Administrator

Plan Administrator Phone Number: _____

NOTICE OF DETERMINATION

YOUR APPLICATION FOR TAX REBATE THROUGH THE LOGAN COUNTY NEIGHBORHOOD REVITALIZATION PLAN HAS BEEN DETERMINED TO BE:

☐ **IN** ☐ **NOT IN** CONFORMANCE WITH THE PLAN REQUIREMENTS.

If your property has been determined to be not in conformance with the plan requirements, you will not receive any rebate of the property taxes that may increase as a result of your improvements. The reason(s) for a non-conformance determination are:

If your property has been determined to be in conformance with the plan requirements, the tax rebate period will begin after January 01, _____. You must pay your tax bill in full, you will then receive a refund (rebate) for the amount determined to be subject to rebate, according to the five (5) year pro-rated schedule set forth in the plan. *(See enclosed copy of original application for this amount)*

If you would like to discuss the grounds for a negative determination, or wish to have your project re-evaluated, please contact the Plan Administrator at the telephone number listed below and at the bottom of Page 2 of the original application.

The Plan Administrator may ask for additional documentation or other information regarding your request that was not submitted with your original application. You must submit the requested information within ten (10) calendar days in order for your property to be re-evaluated. If the additional information is not received within the ten (10) calendar day period, the original determination will remain in effect.

Thank you for your application. We remain ready to serve you for any future projects you may undertake that are eligible for tax rebate in accordance with the requirements of this program.

Respectfully,

Plan Administrator

Date: _____

Plan Administrator Phone Number: (_____) _____