

APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY
NEIGHBORHOOD REVITALIZATION PLAN
PART 1

A non-refundable \$150 application fee must accompany this application.

Owner's Name _____ Day Phone No. _____
(Please print)

Owner's Mailing Address: _____

Address of Property: _____ School District Number: _____

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 OR _____ Rehab _____ Rental OR _____ Owner Occupied
_____ Residence _____ Other(Explain) _____
_____ Single Family _____ Multi-Family _____ Number of Units

COMMERCIAL: _____ New _____ Rehab _____ Rental _____ Owner Occupied

INDUSTRIAL: _____ New _____ Rehab _____ Rental _____ Owner Occupied

AGRICULTURE: _____ New _____ Rehab _____ Rental _____ 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 UNDER THE KINGMAN COUNTY
NEIGHBORHOOD REVITALIZATION PLAN
PART 3 (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 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 (turn-key) () 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 _____

Building Dimesions _____ Exterior Wall Material _____

Location of Building _____

COMMERCIAL

Type of Building _____ Use of Building _____

Size of Building _____ Wall Height _____ Exterior Wall Material _____

AGRICULTURAL OR COMMERCIAL REMODEL

Area to be Remodeled _____ Type and Use of Building _____

Describe Improvements _____

Signature of Owner _____ Date _____

APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY
NEIGHBORHOOD REVITALIZATION PLAN
PART 4 (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 UNDER THE KINGMAN COUNTY
NEIGHBORHOOD REVITALIZATION PLAN
PART 5 (STATUS OF CONSTRUCTION COMPLETION)

Parcel ID Number _____

Original Application Date _____

_____ Incomplete Project as of January 1 following commencement

_____ Complete Project as of January 1 following commencement

The Construction project applied for was considered complete on _____

Owner's Signature _____ Date _____