

APPLICATION FOR
COMMERCIAL URBAN REVITALIZATION TAX EXEMPTION
SAC COUNTY

(Please type or print)

5 YEAR-SLIDING SCALE - 75%/60%/45%/30%/15%

APPLICANT INFORMATION

APPLICANT (Owner of Record) _____

NAME OF OTHER OWNERS OF RECORD (if any) _____

ADDRESS _____ **CITY** _____, **IA**

PHONE _____ **CELL PHONE** _____ **EMAIL** _____

ADDRESS OF PROPERTY REQUESTED FOR TAX EXEMPTION _____

LEGAL DESCRIPTION: _____

PARCEL # _____ **TOWNSHIP** _____ **SCHOOL DISTRICT** _____

EXISTING PROPERTY USE (Circle one): RESIDENTIAL VACANT COMMERCIAL AGRICULTURAL

TYPE OF IMPROVEMENTS: COMMERCIAL _____ New Construction
_____ Improvements on existing structures

BRIEF DESCRIPTION OF PROJECT: _____

CURRENT PROPERTY VALUE (from Assessor's records): **LAND:** \$ _____ **BUILDINGS:** \$ _____

ESTIMATED OR ACTUAL COST OF IMPROVEMENTS: \$ _____

Project Start Date: _____ **Estimated or actual completion date:** _____

The applicant certifies that all information in this application and all information provided in the support of this application is given for the purpose of obtaining an exemption from taxes on new construction, and is true and complete to the best of the applicant's knowledge.

This application is being filed under the authority of Chapter 404, Urban Revitalization Tax Exemptions of the State Code of Iowa and Ordinances adopted by the Sac County Board of Supervisors

Applicant's Signature: _____ **Date Signed:** _____

Applications must be submitted to the Sac County Board of Supervisor's prior to February 1.

Return to: Sac County Board of Supervisors
Courthouse-100 NW State St.
Sac City, IA. 50583

OFFICE USE ONLY

Date Application Received _____

Date Building Application received _____

Date Final Inspection Completed _____

Building Permit Number _____

Comments _____

Date _____

THE SAC COUNTY COMMERCIAL REVITALIZATION TAX EXEMPTION IS A NON-TRANSFERABLE EXEMPTION

COUNTY SUPERVISORS ACTION:

APPROVED RESOLUTION No. _____ DATE _____

DISAPPROVED REASON FOR DISAPPROVAL: _____

COUNTY ASSESSOR ACTION:

DATE OF REVIEW: _____ APPROVED DISAPPROVED
(circle one)

REASON FOR DISAPPROVAL: _____

ASSESSED VALUATION OF IMPROVEMENT: \$ _____

ASSESSED VALUATION WITH IMPROVEMENTS: \$ _____

A NOTICE OF DETERMINATION WAS SENT TO APPLICANT ON (DATE) _____

Note: No change may be made once an application is approved and an exemption is granted.