



**CITY OF TOPEKA NEIGHBORHOOD REVITALIZATION PROGRAM
APPLICATION FOR TAX REBATE**

OWNER'S NAME _____ **DAY PHONE NO.** _____

OWNER'S MAIL ADDRESS _____ **ZIP** _____

PARCEL IDENTIFICATION NUMBER _____ **SCHOOL DISTRICT NO** _____
(Parcel ID No. and Legal Description is on your tax statement or call the County's Clerk's office)

PROPERTY ADDRESS _____

LEGAL DESCRIPTION OF PROPERTY _____

PROPOSED PROPERTY USE (Check One)

- Residential - Single Family - Rehabilitation
- Residential - Single Family - New Construction/Owner-Occupied
- Residential - Multi Family*- Rehabilitation or New Construction
- Commercial/Industrial

(*multi-family = 2+ units; conversion of single-family dwellings for multi-family uses is not eligible)

IS THE PROPERTY DESIGNATED AS A HISTORIC LANDMARK OR WITHIN A HISTORIC DISTRICT?
(National, State, or Local) YES NO (If Yes, attach proof of listing or designation)

IS THE PROPERTY WITHIN AN "INTENSIVE CARE" AREA ON THE 2011 NEIGHBORHOOD HEALTH MAP? YES NO (Contact Planning Department if not sure.)

| PROPOSED IMPROVEMENTS (Attach detailed list if <u>interior</u> renovations are involved) | COSTS |
|---|--------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL COST OF IMPROVEMENTS \$ _____ Actual Estimated

DATE TO BE COMPLETED _____ Actual Estimated

CONSTRUCTION TO BEGIN _____, 20__ **BUILDING PERMIT NO.** _____
(Attach copy of Permit)

As of January 1, following commencement of construction, the improvements will be (check one):
 COMPLETE INCOMPLETE

By _____
(Owner's Signature)

Date _____

**THIS FORM MUST BE SUBMITTED TO THE TOPEKA PLANNING DEPARTMENT PRIOR TO OR
WITHIN 60 DAYS OF OBTAINING BUILDING PERMIT**

Application # _____

FOR COUNTY APPRAISER USE ONLY

Land Use Code: _____

Appraised Valuation:

| | Application Year _____ | Year 1 _____ | Year 2 _____ | Year 3 _____ |
|---------------------|---------------------------|-----------------|-----------------|-----------------|
| Land | \$ | | | \$ |
| Improvements | \$ | | | \$ |
| TOTAL | \$ | | | \$ |
| | | | | |

By _____
Shawnee County Appraiser's Office

Date _____

THE IMPROVEMENTS TO THIS PROPERTY:

MEET THE REQUIRED PERCENTAGE OF INCREASE IN APPRAISED VALUATION
(10% for residential, 20% for commercial/industrial)

DO NOT MEET THE REQUIRED PERCENTAGE OF INCREASE IN APPRAISED VALUATION

By _____
Shawnee County Appraiser's Office

Date _____

FOR COUNTY CLERK USE ONLY

AS OF _____, 20__ TAXES AND SPECIALS FOR THIS PARCEL ARE:

CURRENT NOT CURRENT

By _____
Shawnee County Clerk's Office

Date _____

FOR PLANNING DEPARTMENT USE ONLY

THE APPLICATION IS IS NOT IN CONFORMANCE WITH THE REQUIREMENTS OF THE 2013-17 CITY OF TOPEKA NEIGHBORHOOD REVITALIZATION PROGRAM.

COMMENTS _____

95% (Years 1-5)/50% (Years 6-10)

95% (Years 1-10)

By _____
Topeka Planning Department

Date _____