

Application For Tax Rebate Under The City Of Independence Neighborhood Revitalization Plan

Owner's Name:

Owner's Mailing Address:

Owner's Daytime Phone Number:

Address of Property:

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

Parcel Identification Number:
(take from your tax statement or call the County Appraiser's Office)

Building Permit Number:

Existing Use Of Property:

Proposed Use Of Property:

Proposed Improvement:

Commercial: ___ new; ___ rehab; ___ rental or ___ owner-occupied
Industrial: ___ new; ___ rehab; ___ rental or ___ owner-occupied
Residential: ___ new; ___ rehab; ___ rental or ___ owner-occupied

Estimated Cost Of Improvements and associated cost:

Date Construction Started:

Estimated Date Of Completion:

Please return to the City Clerk's Office, City Hall, 811 W Laurel, Independence, Kansas, 67301, or fax to ATTN: City Clerk, 620-332-2511.

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I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will void one year from the date below, if improvements or construction hasn't begun. I further agree to complete the questionnaire attached to this application.

Signature of Applicant _____

Date _____

Signature of City Clerk _____

Date _____

Signature of Building Inspector _____

Date _____

FOR COUNTY APPRAISER'S USE ONLY

____ The above improvements meet the minimum investment for new and rehab projects.

By _____
(Montgomery County Appraiser's Office)

Date _____

FOR COUNTY TREASURER'S OFFICE USE ONLY

As of _____, 20____, taxes on this parcel ____ are ____ are not current.

By _____
(Montgomery County Treasurer's Office)

Date _____

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