



**CITY OF AUGUSTA  
NEIGHBORHOOD REVITALIZATION PLAN  
APPLICATION FOR TAX REBATE**

**PART I**

Owner's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ School District No.: \_\_\_\_\_

CAMA No. \_\_\_\_\_  
(Found on your tax statement, Butler County GIS, or call the County Appraiser's Office)

Legal Description of Property (Use additional sheet if necessary):

Proposed Property Use:

RESIDENTIAL:     New     Rehab;     Rental     Owner-Occupied

Residence     Other (explain) \_\_\_\_\_

Single-Family     Multi-Family (No. Units) \_\_\_\_\_

COMMERCIAL:     New     Rehab     Rental     Owner-Occupied

INDUSTRIAL:     New     Rehab     Rental     Owner-Occupied

Length of NRP Plan:     5 Years     10 Years    Building Permit # \_\_\_\_\_

Are the Property taxes paid up to date?     Yes     No    Is the Property already in the NRP? \_\_\_\_

Residential Remodel 2010 or older?     Yes     No

Current property valuation (see section 4.2): \_\_\_\_\_



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Improvements and Associated Costs. Please provide rough draft drawings and dimensions. (Use additional sheets if necessary)

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Estimated Date of Completion: \_\_\_\_\_

**\*\*The Owner will have a maximum of one year to complete the project unless otherwise approved. \*\***

Estimated or Actual Cost of Improvements: Materials: \$ \_\_\_\_\_ Labor: \$ \_\_\_\_\_

(Documentation is needed, even hand-written estimates)

List of buildings proposed to be or actually demolished (use additional sheets if necessary):

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Has a Demolition Permit been obtained for the project?  Yes  No

Is the property zoned appropriately for the proposed project?  Yes  No

Current Zoning District Classification: \_\_\_\_\_

Required Zoning District Classification: \_\_\_\_\_

Does the applicant own the land?  Yes  No

Will the proposed project be on a foundation?  Yes  No

Will the proposed project be permanently attached to the property?  Yes  No



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I have read and do hereby agree to follow all application procedures and criteria. I further understand this application will void one year from the date below, if improvements or construction has not begun.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address

**\*\*NOTE: A non-refundable \$25 application fee must accompany this application. \*\***

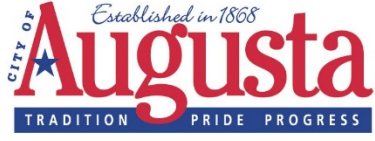
Approved by City Inspector: \_\_\_\_\_

**BUTLER COUNTY APPRAISER'S USE ONLY**

Based upon the above listed improvements and associated costs supplied by the applicant, the improvement ( \_\_\_\_ will) or ( \_\_\_\_ will not) meet the terms for a tax rebate.

\_\_\_\_\_  
Butler County Appraiser's Office

\_\_\_\_\_  
Date



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**PART II-January Status  
COMMENCEMENT OF CONSTRUCTION**

Building Permit No. \_\_\_\_\_

Estimated date of Completion of Construction: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Property Address: \_\_\_\_\_

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**PART III**  
**STATUS OF CONSTRUCTION / COMPLETION**

Building Permit No. \_\_\_\_\_

- Incomplete Project as of January 1 following commencement.
- Complete Project as of January 1 following commencement.
- City Final Inspection

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Project Address: \_\_\_\_\_

**BUTLER COUNTY APPRAISER'S USE ONLY**

The above Improvements:

\_\_\_\_\_ Meet the 10% increase in market value minimum investment for residential property.

\_\_\_\_\_ Does **not** meet the 10% increase in market value minimum investment for residential property.

\_\_\_\_\_ Meets the 15% increase in market value minimum investment for commercial/industrial property.

\_\_\_\_\_ Does **not** meet the 15% increase in market value minimum investment for commercial/industrial property.

\_\_\_\_\_  
Butler County Appraiser's Office

\_\_\_\_\_  
Date

**BUTLER COUNTY CLERK'S OFFICE USE ONLY**

As of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, taxes on this parcel are ( \_\_\_\_\_ current) ( \_\_\_\_\_ not current).

\_\_\_\_\_  
Butler County Clerk's Office

\_\_\_\_\_  
Date