

**CITY OF OSKALOOSA, IOWA
APPLICATION FOR TAX ABATEMENT UNDER THE
CITY-WIDE URBAN REVITALIZATION PLAN**

PRIOR APPROVAL FOR INTENDED IMPROVEMENTS (You must notify the City when improvements are completed)

APPROVAL OF IMPROVEMENTS COMPLETED

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION OF PROPERTY: _____

EXISTING ASSESSED VALUE: _____ land + _____ improvements =
(before construction) _____ total

TITLEHOLDER OR CONTRACT BUYER: _____
PHONE NUMBER: _____
ADDRESS: _____
(If different than above)

EXISTING PROPERTY USE: Residential Commercial
 Industrial Vacant

PROPOSED PROPERTY USE: Owner-Occupied residential/
mixed use Renter-Occupied residential/
mixed use
 Other specify _____

NATURE OF IMPROVEMENTS: New Construction Addition
 Remodeling

ESTIMATED OR ACTUAL DATE OF COMPLETION: _____
ESTIMATED OR ACTUAL COST OF IMPROVEMENTS: _____
(new construction)

IF PROPERTY WAS RENTAL PROPERTY BEFORE THE IMPROVEMENTS WERE MADE COMPLETE THE FOLLOWING WITH INFORMATION CONCERNING THE STRUCTURE PRIOR TO THE ABOVE IMPROVEMENTS:

NUMBER OF UNITS IN STRUCTURE: _____

Tenant's Name	Was Tenant Displaced?	Was Written lease in effect?	Rent/month	Date of initial occupancy	Relocation Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Signed: _____ Date: _____

NOTE: If you are unsure whether improvements will meet the 15% threshold, it is advised that you talk to the County Assessor's Office for their opinion before beginning construction.

FOR CITY'S USE ONLY

Building Permit No. _____ Date Issued _____

Relocation Benefits: To Whom: _____ Amount: _____ When: _____

New Assessed Value: _____ + _____ improvements =
_____ total

Application Approved/Disapproved
By City Council _____ Date of Action: _____