



Application for Tax Abatement
Under the Citywide Urban Revitalization Plan

Prior Approval for Intended Improvements
(You must notify the City when improvements are completed)

Approval of Improvements Completed

Address of Property: 1607 17th Ave East

Legal Description of Property: Lot 4 & PT RR ROW ADJ LOT 4 & LOT 1 SD S E SE&W110' N17'LOT A SD LOT 2SE SE & OLD

CBQ RR ROW CBQ RR ROW

Existing Assessed Value: \$263,350 (Land) + \$1,390,930 (Building) = \$1,654,280 (Total Before Construction)

Title Holder or Contract Buyer: Clow Valve a Division of McWane

Address (if different than above): 902 S 2nd Street, Oskaloosa, IA 52577

Phone Number: 641.673.8611 Email: mark.willett@clowvalve.com

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: 1/31/2025

Estimated or Actual Cost of Improvements (New Construction): \$68,500,000

If property was a 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: N/A

Tenant's Name	Was tenant displaced?	Was written lease in effect?	Monthly Rent	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			

Mark Willett

Signature

Print Name

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 USE ONLY

Building Permit # _____ Date Issued: _____

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

New Assessed Value: _____ + _____ = _____
 (Improvements) (Total)

City Council Action: Approved Disapproved Date of action: _____