Application for Tax Abatement Under the Citywide Urban Revitalization Plan

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

CITY of **OSKALOOSA**
Note the Difference™

Address of Property: _____

_____

Legal Description of Property: _____

_____

_____

Existing Assessed Value: _____ + _____ = _____
(Land)　　　　　　　　(Building)　　　　　(Total Before Construction)

Title Holder or Contract Buyer: _____

Address (if different than above)   _____

Phone Number _____   Email _____

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?	Monthly Rent	Date of initial occupancy	Relocation Benefits
	☐ Yes ☐ No	☐ Yes ☐ No			
	☐ Yes ☐ No	☐ Yes ☐ No			
	☐ Yes ☐ No	☐ Yes ☐ 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: _____