

# APPLICATION FOR TAX ABATEMENT

Community Development  
(515) 961-9430

City of Indianola

110 North 1<sup>st</sup> Street  
Indianola, Iowa 50125

APPLICATION MUST BE SUBMITTED BETWEEN JANUARY 1st AND FEBRUARY 1st OF THE CALENDAR YEAR IN WHICH COMPLETED IMPROVEMENTS ARE FIRST ASSESSED OR BETWEEN JANUARY 1st and FEBRUARY 1st OF THE FOLLOWING TWO YEARS. IT IS THE PROPERTY OWNER'S RESPONSIBILITY TO TIMELY SUBMIT THIS APPLICATION.

APPLICATIONS WILL NOT BE CONSIDERED BY THE CITY COUNCIL UNLESS IMPROVEMENTS INCLUDED IN PROJECT HAVE BEEN COMPLETED AND HAVE RECEIVED A CERTIFICATE OF OCCUPANCY AND/OR HAVE PASSED FINAL INSPECTION (TO THE EXTENT APPLICABLE).

## Property Information

Project Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

## Applicant Information

Title Holder or Contract Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## Improvement Information

Property Use: \_\_\_\_\_ Residential \_\_\_\_\_ Multi-Residential \_\_\_\_\_ Commercial  
Nature of Improvements: \_\_\_\_\_ New Construction \_\_\_\_\_ Rehab/Addition \_\_\_\_\_ General Improvements  
Specify: \_\_\_\_\_  
Estimated or Actual Cost of Improvements: \_\_\_\_\_  
Estimated or Actual Date of Completion: \_\_\_\_\_  
If applicable, the names of tenants (if different than the owner) that occupied the property on February 2, 1998:  
\_\_\_\_\_  
Applicable Tax Exemption Schedule:  
\_\_\_\_\_ Residential OR Commercial/Multi-Residential w/ 3+ Living Quarters: 100%, 80%, 60%, 40%, 20%  
\_\_\_\_\_ Multi-Residential/Commercial w/out 3+ Living Quarters: 80%, 60%, 40%, 20%

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

COMMUNITY DEVELOPMENT	Permit No. _____ Date Issued: _____ Date Finaled: _____ Building Official _____
CITY COUNCIL	Application: <u>Approved / Disapproved</u> Date _____ Attested by the City Clerk _____
COUNTY ASSESSOR	Present Assessed Value _____ Assessed Value with Improvements _____ Eligible or Non-eligible for Tax Abatement _____ Assessor _____ Date _____