



**APPLICATION FOR TAX ABATEMENT UNDER THE
URBAN REVITALIZATION PLAN FOR
INDIANOLA, IOWA**

Date _____

_____ Prior Approval for
Intended Improvements

_____ Approval of Improvements
Completed

Address of Property: _____

Legal Description: _____

Title Holder or Contract Buyer: _____

Address of Owner (if different than above): _____

Phone Number (to be reached during the day): _____

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 name(s) of the 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%

Applicant Signature: _____

FOR CITY USE:

BUILDING OFFICIAL	<p>Construction Permit No.(s) _____ Date Issued: _____ FINAL: _____</p> <p>Building Official _____</p>
CITY COUNCIL	<p>Application Approved/Disapproved Reason (if disapproved) _____</p> <p>_____</p> <p>Date _____ Attested by the City Clerk _____</p>
COUNTY ASSESSOR	<p>Present Assessed Value: _____</p> <p>Assessed Value with Improvements _____</p> <p>Attested by the City Clerk _____</p> <p>Assessor _____ Date _____</p>