

**CITY OF EL DORADO
NEIGHBORHOOD REVITALIZATION PLAN
APPLICATION FOR TAX REBATE UNDER THE CITY OF EL DORADO**

PART I

Owner's Name: _____ Daytime Phone No. _____

Owner's Mailing Address: _____

Address of Property: _____ School District No. _____

CAMA No. _____

(Found on your tax statement or call the County Appraiser's Office)

Legal Description of Property:
(Use additional sheet if necessary)

Proposed Property Use:

RESIDENTIAL: _____ New **or** _____ Rehab; _____ Rental **or** _____ Owner-occupied
 _____ Residence _____ Other (explain) _____
 _____ Single Family **or** _____ Multi-Family _____ Number of Units

COMMERCIAL: _____ New **or** _____ Rehab; _____ Rental **or** _____ Owner-occupied

INDUSTRIAL: _____ New **or** _____ Rehab; _____ Rental **or** _____ Owner-occupied

AGRICULTURE: _____ New **or** _____ Rehab; _____ Rental **or** _____ Owner-occupied

Improvements and Associated Cost: (provide rough draft drawings and dimensions)

(Use additional sheets if necessary)

Estimated Date of Completion: _____

Estimated or Actual Cost of Improvements: Materials \$ _____ Labor \$ _____
(Documentation is needed, even hand-written estimates)

List of buildings proposed to be or actually demolished: _____

Approved by Building Official: _____ (initials)

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PART I
Continued

Does the applicant own the land? _____ Yes _____ No

Will the proposed project be on a foundation? _____ Yes _____ No

Will it be permanently attached to the property? _____ Yes _____ No

I understand that once taxes have been calculated, Payments Under Protest will not be accepted for NRP properties. Owners Initials _____

I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will void one year from the date below, if improvements or construction have not begun.

Signature of Applicant

Date

Property Address

*A non-refundable \$25 application fee must accompany this application.

FOR COUNTY APPRAISER'S USE ONLY

Based upon the above listed improvements and associated costs supplied by the applicant, the improvement will _____ or will not _____ meet the terms for a tax rebate.

By: _____
(Butler County Appraiser's Office)

Date: _____

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**PART II
COMMENCEMENT OF CONSTRUCTION**

Building Permit No. _____
(If applicable)

Construction Estimated to Begin on: _____

Estimated date of Completion of Construction: _____

By: _____ Date: _____
(Applicant's Signature)

Property Address: _____

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**PART III
STATUS OF CONSTRUCTION/COMPLETION**

Permit Number: _____

_____ Incomplete Project as of January 1 following commencement.

_____ Complete Project as of January 1 following commencement.

_____ City Final Inspection.

Signed: _____ Date: _____
(Applicant Signature)

Project Address: _____

FOR COUNTY APPRAISER'S USE ONLY

The above improvements:

_____ Meet the 10% increase in market value minimum investment for residential property.

_____ Does **not** meet the 10% increase in market value minimum investment for residential property.

_____ Meets the 15% increase in market value minimum investment for commercial/industrial property.

_____ Does **not** meet the 15% increase in market value minimum investment for commercial/industrial property.

By: _____ Date: _____
(Butler County Appraiser's Office)

FOR COUNTY CLERK'S OFFICE USE ONLY

As of _____ 20__, taxes on this parcel _____ are current or _____ are not current.

By: _____ Date: _____
(Butler County Clerk's Office)