



Application for Partial Tax Exemption

Application Fee: Residential (1-4 units) \$125.00 All Other Properties \$250.00

Parcel Identification Number (PIN): _____

Program Application #: _____

Qualifying Building Permit#: _____

Type of Program

- Partial Tax Exemption for Rehabilitated Structures (City Code § 98-148, et seq.)
- Partial Tax Exemption for Redevelopment & Conservation Areas and Rehabilitation Districts (City Code § 98-263, et. seq.)

(This application may require narrative attachments)

I hereby submit this application for consideration of partial exemption from real estate taxes as provided in the appropriate Richmond City Code section:

Owner of Record: _____

Location of Property: _____

- Is this property located in a Designated Enterprise Zone? Yes No
- Is this property located in a Conservation/Redevelopment District? Yes No
- Is this property located in a Registered Historic District? Yes No
- Is this property a Registered Virginia Landmark? Yes No

Property History: Date Built: _____ Year of Prior Rehabilitation: _____

Current Property Use: _____

- Proposed Property Use: Residential (1-4 Units) Multi-Family (5/more Units)
- Commercial, Industrial Multi-Use as required by Dept. of Planning

Proposed Rehabilitation Cost: \$ _____

Are you submitting building plans? Yes No If yes: Hardcopy Digital

Are you submitting projected I&E statements for income-producing property? Yes No

(These items may be required to complete the Base Value or Final Value)

Provide a full description of exterior rehabilitation work to be done: (Attach narrative if necessary)

Provide a full description of interior rehabilitation work to be done: (Attached narrative if necessary)

Program Guidelines

By initial, the applicant acknowledges the following guidelines:

Initial:

- 1. *At least one active building permit must exist before the initial application is approved.* _____
- 2. *This application fee is non- refundable after the application has been processed.* _____
- 3. *An inspection must be made by a city appraiser prior to beginning rehab work.* _____
- 4. *Qualifying work must be completed no later than 24 months from date of application.* _____
- 5. *Rehab projects under construction will be partially assessed each January until final.* _____
- 6. *A tax parcel may have only one approved application or credit at any given time.* _____
- 7. *Qualifying additions must be an integral part of the original structure.* _____
- 8. *City ordinance does not provide for any extension(s) of application time.* _____
- 9. *The Early Release Form must be received/signed by the City Assessor prior to January 1 if the owner wishes to advance start the rehab credit.* _____
- 10. *After Final Value qualification, the credit begins on the next January 1st land book.* _____
- 11. *If any exterior rehabilitation on structures located within a designated historic district, registered as a Virginia Landmark, or deemed contributing to either, violates standards set by the Commission of Architectural Review, the rehab application will be voided.* _____

12. The value determination(s) made by the City Assessor shall be final unless appealed within 30 days of such notification letter. The applicant may appeal by submitting a supported appraisal. Appraisals are subject to professional review. _____

13. I acknowledge that I have received a copy of the city ordinance and that I am Responsible for requesting a written response to any question that I may have regarding proper execution of the ordinance requirements. _____

14. I have read these Program Guidelines and asked for clarification on any questions I do not understand. _____

Certification of Application

I certify that the statements contained in this application are both true and correct; that I have read and understood the guidelines of this program, and received written responses to any questions I may have regarding this ordinance.

Given under my hand this ____ day of _____, _____
(Month) (Year)

Owner Agent _____ (signature)
_____ (printed name)

Contact Information:

Mailing Address: _____

Tele #: Day: _____ Evening: _____ Email Address: _____

OFFICE USE ONLY:

Fee paid \$ _____ Receipt Number _____ Qualifying Building Permit # _____

Date this application and permit application received: _____ / _____ / _____

Revised: 4/27/2015