



# Application for Revitalization Property Tax Abatement

<b>Property Information</b>	Address: <u>612 E. 10th St. Muscatine, IA 52761</u>	
	Parcel Number: <u>0835254004</u>	
	To be completed by City Staff Revitalization Area Name: <u>Designated Blighted Area</u> In Historic District? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you requesting Historic District Tax Abatement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a letter of support from the Historic Preservation Commission

<b>Property Owner</b>	Owner: <u>Allison Thomas</u>
	Address: <del>2890 Cedar</del> <u>612 E. 10th Street</u> <u>Muscatine, IA 52761</u>
	Phone: <u>402-817-9910</u>
	Email: <u>allisonandty@yahoo.com</u>

<b>Project Information</b>	Description of Improvements: <u>new 20 amp service buried, new water heater, new a.c., new furnace (used &amp; warrantied), all new duct-work, new kitchen, 2 new bathrooms, new laundry, new flooring, repaired sidewalk &amp; retaining wall</u>
	Cost of Improvements: <u>\$35,000</u>
	Estimated or Actual Date of Improvements: <u>Oct 2019 - March 2020</u>
	Name & Addresses of Tenants Who May be Relocated: <u>N/A</u>

<b>Signature</b>	The undersigned swears that the information presented on this application and any accompanying documents is true, correct, and complete to the best of their knowledge.	
	Signature of Applicant: <u>Allison Thomas</u>	Date: <u>1/06/20</u>

<b>City Council Approval</b>	In accordance with Section 404.3 of the Code of Iowa the City Council shall approve all applications submitted for completed projects if: <ul style="list-style-type: none"> <li>The project, as determined by the City Council, is in conformance with this plan;</li> <li>The project is located within the Revitalization Area; and,</li> <li>The improvements were made during the time the Revitalization Area was designated by ordinance as a revitalization area.</li> </ul>	On _____ The City Council <b>approved</b> this application, finding that meets the criteria set forth in Section 404.3 of the Code of Iowa and all applicable City Ordinances.
		City Clerk _____

**County Assessor Action on Approved Applications**

All approved applications shall be forwarded to the County Assessor for review, pursuant to Section 404.5 of the Code of Iowa. The County Assessor shall make a physical review of all properties with approved applications. **The County Assessor shall determine the increase in actual value for tax purposes due to the improvements and notify the applicant of the determination**, which may be appealed to the local board of review pursuant to Section 441.37 of the Code of Iowa. After the initial tax exemption is granted, the County Assessor shall continue to grant the tax exemption for the time period specified on the approved application. The tax exemptions for the succeeding years shall be granted without the owner(s) having to file an application for succeeding years.

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Address

City/County

To be completed by the applicant. To be reviewed by the City/County. To be reviewed by the County Assessor.

Project Name

Project Name: [Handwritten text]

Project Description

Description: [Handwritten text]

Signature

Signature: [Handwritten signature]

City/County

City/County: [Handwritten text]

County Assessor

County Assessor: [Handwritten text]