

No.

APPLICATION FOR TAX REBATE
CITY OF SALINA NEIGHBORHOOD REVITALIZATION PROGRAM (06/22/09)

Please print or type
PART 1- Basic Project Information

OWNER'S NAME: _____ DAYTIME PHONE # 1 _____
DAYTIME PHONE # 2 _____

MAILING ADDRESS: _____
Address #, Direction, Street Name P.O. Box City State Zip

PROPERTY ADDRESS: _____
PROPERTY TYPE (CHECK ONE) Residential Commercial/Industrial

PARCEL ID NUMBER: _____

LEGAL DESCRIPTION OF PROPERTY: _____

EXISTING USE: _____ PROPOSED USE: _____

AGE OF PRINCIPAL BUILDING(S): _____ HOW USED LAST 5 YEARS: _____

LIST ANY BUILDING(S) TO BE OR ALREADY DEMOLISHED: _____

LIST PROPOSED IMPROVEMENTS: _____

<i>(list amount in ONE box)</i>	Actual	Estimate
TOTAL COST OF IMPROVEMENTS		
DATE WORK TO BEGIN		
DATE TO BE COMPLETED		

BUILDING PERMIT NO.(S):

PROPERTY OWNERS' STATEMENT OF SUBMITTAL (#1)

I understand the following terms and conditions regarding the Neighborhood Revitalization Tax Rebate Program:

- Certification for participation in the program is determined by several factors, including: location within the Neighborhood Revitalization Area, age and type of structure, kind of improvements made and amount of improvement in base valuation as set by the Saline County Appraiser as of the January 1 of year application is submitted.
- Participation in the Program does not affect the fair market value of the subject property for the purpose of determining the Base Valuation and that the Base Valuation is to be reflective of the fair market value of the subject property as of January 1st, of the year application is made.
- Submittal of an application to the rebate program does not affect current property taxes owed. Full property taxes are owed until written notification the application has been approved for admission to the NRA program. The program is voluntary and represents a rebate of property taxes paid. Owners must submit proof of paid property taxes prior to submitting a request for rebate reimbursement.

BY _____ **DATE** _____
(Property Owner's Signature)

An application for rebate must be filed within sixty (60) days of the issuance of a building permit.

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-- ORIGINAL PAGE! SIGN & RETURN TO CITY OF SALINA TO KEEP APPLICATION ACTIVE --

<u>For COUNTY APPRAISER'S use only: "Statement of Base Valuation"</u>		
As of _____, 20_____		Land \$ _____
the appraised valuation of this property is as follows:		Improvements \$ _____
		Total\$ _____
BY _____	DATE _____	
<small>(County Appraiser)</small>		

PROPERTY OWNERS'/APPLICANT'S RESPONSE TO STATEMENT OF BASE VALUATION (#2)

- | | Yes | No |
|--|-----|-----|
| 1. I intend to pursue either informal local review by the Saline County Appraiser or formal appeal to the State of Kansas of the Base Valuation stated above. | [] | [] |
| 2. I acknowledge the above statement of Base Valuation as reflective of the fair market value for the subject property as described on page 1 of the application. | [] | [] |

BY _____ DATE _____
(Property Owner's Signature)

Part 2 – Owner's Statement of Project Status (#3)

As of January 1, _____, The improvement s are (will be) Complete [] Incomplete [] (check one)

BY _____ DATE _____
(Property Owner's Signature)

(Second statement below only for projects not completed during first taxable year) (#3a)

As of January 1, _____, The improvement s are (will be) Complete [] Incomplete [] (check one)

BY _____ DATE _____
(Property Owner's Signature)

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Part 3 – Final Qualifications for Refund

<u>For COUNTY APPRAISER’S use only: “Statement of Post-Improvement Valuation”</u>		
As of _____, 20_____		Land \$ _____
the appraised valuation of this property is as follows:		Improvements \$ _____
		Total\$ _____
BY _____	DATE _____	
(County Appraiser)		

**PROPERTY OWNER’S/APPLICANT’S RESPONSE
 TO STATEMENT OF POST-IMPROVEMENT VALUATION (#4)**

NOTICE, AS REQUIRED BY THE JOINT ADMINISTRATIVE POLICY STATEMENT, City of Salina and Saline County, Kansas:

Qualification for and calculation of any tax rebate pursuant to the Neighborhood Revitalization Plan shall be held in abeyance, pending the applicant’s written acceptance of the post-improvement valuation or exhaustion of applicant’s informal review or appeal rights.

- | | Yes | No |
|---|-----|-----|
| 1. I intend to pursue either informal local review by the Saline County Appraiser or formal appeal to the State of Kansas of the Post-Improvement Valuation stated above. | [] | [] |
| 2. I acknowledge the above statement of Post-Improvement Valuation as reflective of the fair market value for the subject property as described on page 1 of the application. | [] | [] |

BY _____ DATE _____
 (Property Owner’s Signature)

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No.

For COUNTY CLERK'S use only

As of _____, taxes and special assessments on this parcel of property ARE ARE NOT delinquent.

BY _____ DATE _____
(County Clerk)

For CITY CLERK'S use only

As of _____, BID assessments on this parcel of property ARE ARE NOT delinquent.

BY _____ DATE _____
(City Clerk)

For CITY PLANNING use only

The above application IS IS NOT in conformance with the requirements of the City of Salina Neighborhood Revitalization Program. Reason, if not in conformance:

BY _____ DATE _____
(Planning Director)

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