

APPLICATION FOR TAX ABATEMENT UNDER THE
URBAN REVITALIZATION PLAN FOR
NEVADA, IOWA

Building Permit #: _____

Date: _____

____ Prior Approval for
Intended Improvements

____ Approval of Improvements
Completed

Address of Property: _____

Legal Description: _____

Parcel #: _____

Title Holder: (please print) _____

Contract Buyer: (please print) _____

Address of Owner (if different than above): _____

Phone Number: Day _____ Evening _____

Existing Property Use: ____ Residential ____ Commercial ____ Industrial ____ Vacant

Proposed Property Use: ____ Residential ____ Commercial ____ Industrial ____ Rental
(Check all that apply) ____ Owner-Occupied

Nature of Improvements: ____ New Construction ____ Addition ____ General Improvements

Specify: _____

Estimated or Actual Date of Completion: _____

Estimated or Actual Cost of Improvements: _____

Property located in the Urban Revitalization District? Yes ____ No ____

Tax Exemption Schedule is Attached.

If rental property, complete the following: Number of Units: _____

Tenants occupying the building when purchased (or present tenants if known): _____

Date of tenant occupancy: _____

Signed: _____ Date: _____

**I understand that tax abatement will not be applied until Assessor has been
allowed to inspect improvements**

