

**APPLICATION FOR TAX ABATEMENT
LEE COUNTY**

(Please type or print)

APPLICANT INFORMATION

APPLICANT (Owner of Record) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

NAME OF OTHER OWNERS OF RECORD (if any) _____

ADDRESS OF PROPERTY REQUESTED FOR ABATEMENT: _____

LEGAL DESCRIPTION: _____

PARCEL # _____ TOWNSHIP _____ SCHOOL DIST _____

EXISTING PROPERTY USE (Circle one): RESIDENTIAL VACANT COMMERCIAL AGRICULTURAL
MULTI-RESIDENTIAL

TYPE OF IMPROVEMENTS RESIDENTIAL New Construction
New Modular or New Manufactured Home placed on permanent
foundation
Improvements to existing residential structure

COMMERCIAL New Construction
Improvements on existing structures

BRIEF DESCRIPTION OF PROJECT: _____

CURRENT PROPERTY VALUE (from assessor's records): LAND: \$ _____ BUILDINGS \$ _____

ESTIMATED OR ACTUAL COST OF IMPROVEMENTS: \$ _____

Project Start Date: _____ Estimated or actual completion date: _____

IF RESIDENTIAL RENTAL PROPERTY, COMPLETE THE FOLLOWING:

NUMBER OF UNITS: _____ DATE OF OCCUPANCY: _____

TENANTS (occupying the building when purchased, or present tenants if unknown): _____

RELOCATION BENEFITS RECEIVED BY ELIGIBLE TENANTS: _____

(SEE REVERSE)

APPLICANT ACKNOWLEDGMENTS:

TAX ABATEMENT SCHEDULE	<u>YEAR</u>	<u>2 YEAR PLAN</u>
	1	100%
	2	100%

A COPY OF THE REQUIRED SEWER PERMIT OR WAIVER IS ATTACHED (required). Yes No

The property to which improvements are made conform to the Lee County Revitalization Plan as adopted. Yes No

The applicant certifies that all information in this application and all information provided in the support of this application is given for the purpose of obtaining an exemption from taxes on New Construction, and is true and complete to the best of the applicant's knowledge.

Applicants Signature: _____ Date Signed: _____

Applications must be submitted to the Lee County Board of Supervisors prior to February 1.

RETURN TO: Lee County Board of Supervisors
933 Avenue H
P.O. Box 190
Fort Madison, Iowa 52627

COUNTY SUPERVISORS ACTION:

APPROVED RESOLUTION No. _____ DATE _____

DISAPPROVED REASON FOR DISAPPROVAL: _____

COUNTY ASSESSOR ACTION:

DATE OF REVIEW: _____ APPROVED DISAPPROVED
(circle one)

REASON FOR DISAPPROVAL: _____

ASSESSED VALUATION OF IMPROVEMENTS: \$ _____

ASSESSED VALUATION OF WITH IMPROVEMENTS: \$ _____

A NOTICE OF DETERMINATION WAS SENT TO APPLICANT ON (DATE): _____

Note: No change may be made once an application is approved and an exemption is granted.

(SEE REVERSE)