



BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN
APPLICATION FOR TAX REBATE
PART 1

Owner's Name _____ Daytime Phone Number (_____) _____
 Owner's Mailing Address _____ City _____ State _____ ZIP _____
 Address of Subject Property _____
 Legal Description _____

Parcel Identification # 005- _____ QREF# R _____
 (Available on Tax Statement or From the County Appraiser's Office)

Permit No: _____ (must submit copy of permit with application) Issue Date _____
 Improvement Costs: _____ Estimated Date of Completion _____

Description of Project: _____

Proposed Property Use:

Residential: (New _____ or Rehab _____) (Rental _____ or Owner Occupied _____)
 (Single Family _____ or Multi Family _____) (If Multi Family Number of Units _____)
(If property will be or continue to be residential use please complete PAGE 2)

Commercial: (New _____ or Rehab _____) (Rental _____ or Owner Occupied _____)
(If property will be or continue to be commercial use please complete PAGE 3)

Industrial: (New _____ or Rehab _____) (Rental _____ or Owner Occupied _____)
(If property will be or continue to be commercial use please complete PAGE 3)

Agricultural: (New _____ or Rehab _____) (Rental _____ or Owner Occupied _____)
(If property will be or continue to be industrial use please complete PAGE 3)



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PART 1 - CONTINUED

RESIDENTIAL PROJECTS

Estimated Cost of Improvements: Materials \$ _____ Labor \$ _____ Total \$ _____
(Please attach copies of cost documentation, blueprints, and or plans)

Please check ONE (1) of the following that best describes the construction of your project:

- Contractor Built (turn-key) Prebuilt Home Moved Onto Site (on frame offframe)
 Contractor Built with Owner Participation
 (Amount of Owner Participation _____ Hours _____ % of Project \$ _____ Value)
 Owner Built Other

NEW RESIDENTIAL

Foundation: Slab _____ Crawl _____ Full Basement _____ Partial Basement _____ Walkout Basement _____

Story Height _____ Heat and Air Type: _____ SQFT of Living Area: Main _____ Upper _____

Number of Rooms Above Grade

Main Floor: Bedroom(s) _____ Kitchen(s) _____ Living Room(s) _____ Separate/Formal Dining Room _____
Living/Dining Combo _____ Kitchen/Dining Combo _____ Family/Rec Room(s) _____ Den/Study/Office _____

Upper Floor: Bedroom(s) _____ Family/Rec Room(s) _____ Den/Study/Office _____ Other _____

Basement Information (If applicable): Bedroom(s) _____ Family/Rec Room(s) _____ Den/Study/Office _____
Other _____ Finished Basement Area: Size _____ x _____ or _____

Plumbing Information

Number of Baths on All Floors: Full Bath(s) _____ 3/4 Bath(s) _____ 1/2 Bath(s) _____

Number of Additional Fixtures: Double Sink(s) _____ Extra Shower or Tub _____ Laundry Sink _____ Wet Bar _____

RESIDENTIAL REMODEL

Room(s) Remodeled (Please Mark All That Apply)

Bedroom(s) _____ Kitchen(s) _____ Living Room(s) _____ Dining Room _____ Family/Rec Room(s) _____
Den/Study/Office _____ Bathroom(s) _____ Basement _____ Other _____

Room(s) To Be Added

Bedroom(s) _____ Kitchen(s) _____ Living Room(s) _____ Dining Room _____ Family/Rec Room(s) _____
Den/Study/Office _____ Bathroom(s) _____ Basement _____ Other _____

OTHER STRUCTURE USED FOR RESIDENTIAL PURPOSES

Type of Structure _____ Size of Building _____ x _____ Height _____

Construction: Wood Frame _____ Pole Frame _____ Steel Frame _____ Concrete _____ Fireproof Steel _____ Other _____



PART 1 - CONTINUED
COMMERCIAL/INDUSTRIAL/AGRICULTURAL PROJECTS

Estimated Cost of Improvements: Materials \$ _____ Labor \$ _____ Total \$ _____
(Please attach copies of cost documentation, blueprints, and or plans)

Please check **ONE (1)** of the following that best describes the construction of your project:

- Contractor Built (turn-key) Prebuilt Moved Onto Site Owner Built
 Contractor Built with Owner Participation
(Amount of Owner Participation _____ Hours _____ % of Project \$ _____ Value)
 Other

List of Buildings Proposed to Be Demolished

- _____ Year Built _____ Description _____
 _____ Year Built _____ Description _____
 _____ Year Built _____ Description _____

New Project

Type of Structure _____ Size _____ x _____ Height _____
 Construction: Wood Frame _____ Pole Frame _____ Steel Frame _____ Concrete _____ Fireproof Steel _____ Other _____
 Floor: Concrete _____ Dirt _____ Heat and Air Type: _____
 Exterior Wall Material: _____

Rehabilitation or Remodel of Existing Structure

Type and Current Use of Structure _____
 Size of Existing Structure _____ x _____ Year Built _____
 Describe Improvements Being Made _____



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PART 1 - CONTINUED

BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN APPLICATION FOR TAX REBATE

_____, acknowledge that I have received, read, and understand all the content in the Barton County Neighborhood Revitalization Plan. I do herby agree to follow all application procedures and criteria. I understand that this application will be void one year from the date below if improvements or construction has not been started. I also understand that I am not eligible for any tax rebates unless or until the project is completed in its entirety. I will be able to request a one (1) time, one (1) year extension after construction has begun to complete the project. I further understand that any taxing entity may terminate this agreement with thirty (30) days' notice at any time. I understand that failure to follow all proper procedures, meet stated deadlines for submittal of applications, and all other requirements of the Barton County Neighborhood Revitalization Plan will result in the immediate removal of my property from the program and all future rebates will be forfeited.

Signature of Property Owner _____ Date _____

OFFICE USE ONLY

Non-Refundable Application Fee received? _____ YES (Cash, Check No _____ NO
Based upon the submitted information the minimum investment amount will be met? _YES _NO The most recent certified Appraised and Assessed Valuation is as follows:

Appraised Value			Assessed Value		
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Land	Improvement	Total	Land	Improvement	Total

TREASURER'S OFFICE

As of _____, 20_____ Taxes on this property as well as all other real estate and/or personal property taxes owed by the above property owner are hereby current. _____
Initials _____ Date _____

COUNTY CLERK'S OFFICE

As of _____, 20_____ There are no delinquent special assessments for this property.
Initials _____ Date _____



PART 2 - PROJECT COMPLETION

Part 2 — Project Completion must be filed in the Office of the County Appraiser by January 31st of the year following the year the construction was completed or project will be ineligible for tax rebate. Any and all financial information reported on this form will be considered confidential and will not be subject to public disclosure as provided in K.S.A. 45-221(b).

Owner's Name _____ Daytime Phone Number (____) ____

Address of Subject Property _____

Permit No: _____ Issue Date ____ / ____ / ____ Actual Date of Completion ____ / ____ / ____

Final Improvement Costs: _____ *(Make sure to attach copies of all construction costs when submitting Part 2)*

Signature of Owner _____ **Date** _____

FOR OFFICE USE ONLY

For Review by All Applicable Entities

Taxing Entities' Building Inspector Proceed _____ Do NOT Proceed ____

Signed By _____

Taxing Entity or City Administrator Proceed _____ Do NOT Proceed ____

Signed By _____

Taxing Entity or City Utility Dept. Proceed _____ Do NOT Proceed ____

Signed By _____

County Appraiser

Appraised Value

Assessed Value

_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
Land	Improvement	Total		Land	Improvement	Total

Increased Property Value due to the improvements: \$ _____ Assessed Value Increase: _____

This project meets the requirements for a tax rebate: YES _____ NO _____

BY _____
{Barton County Appraiser's Office}

DATE _____



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PART 3 - PROJECT NOT COMPLETE

Part 3 — Project NOT Complete must be filed in the Office of the County Appraiser by January 31' of the year following the year the construction was completed or project will be ineligible for tax rebate. Upon receiving and acknowledging the receipt of Part 3 — Project NOT Complete the project will be granted a one time, one year extension to complete the project 100%.

Owner's Name _____ Daytime Phone Number (_____)

Address of Subject Property _____

Permit No: _____ Issue Date _____

Amended Estimated Date of Completion _____

Estimated percent complete of the ongoing project as of January 1. _____

Signature of Owner _____ **Date** _____

FOR OFFICE USE ONLY

Date Part 3 received _____

Date letter mailed to owner granting one time, one year extension _____

Date any/all applicable entities notified _____ Entity _____

BY _____ DATE _____
(Barton County Appraiser's Office)