

**APPLICATION FOR TAX REBATE UNDER THE COUNTY OF PRATT  
NEIGHBORHOOD REVITALIZATION PLAN**

**PART 1 (A)**

A non-refundable application fee must accompany this application.

Owner's Name: \_\_\_\_\_ Day Phone No.: \_\_\_\_\_  
(Please Print)

Owner's Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ School District No. \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_  
(Copy from your tax statement or call the County Appraiser's Office)

Legal Description Of Property:

(Use additional sheets if necessary)

Proposed Property Use:

RESIDENTIAL: \_\_\_\_\_ New OR \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental OR \_\_\_\_\_ Owner-Occupied

\_\_\_\_\_ Residence \_\_\_\_\_ Other(Explain) \_\_\_\_\_

\_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Number of Units

COMMERCIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

INDUSTRIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

AGRICULTURE: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

Does the applicant own the land? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the proposed project be on a foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will the proposed project be taxed? \_\_\_\_\_ Personal Property \_\_\_\_\_ Real Estate

Will it be permanently attached to the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

I have read and do hereby agree to follow all application procedures and criteria. An itemized statement of costs will need to be turned in when I have completed my project, I understand this will be necessary to receive my rebate. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project. I further agree to complete the questionnaire attached to this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**APPLICATION FOR TAX REBATE UNDER THE COUNTY OF PRATT  
NEIGHBORHOOD REVITALIZATION PLAN  
PART 1 (B) COMMERCIAL OR AGRICULTURAL**

**GENERAL**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to Be Demolished \_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Improvements:    Materials \$ \_\_\_\_\_    Labor \$ \_\_\_\_\_  
(Please attach copies of cost documentation)

Please check one of the following that best describes the construction of your property.

( ) All Contractor Built (turn-key)    ( ) Prebuilt Unit moved on site    ( ) Modular Building

( ) Contractor built with owner participation    ( ) All owner built    ( ) Other \_\_\_\_\_

Amount of Owner Participation: \_\_\_\_\_ Hours    \_\_\_\_\_ Percent of Project    \_\_\_\_\_ Value

**AGRICULTURAL**

Type of Building \_\_\_\_\_    Use of Building \_\_\_\_\_

Building Dimensions \_\_\_\_\_    Exterior Wall Material \_\_\_\_\_

Location of Building \_\_\_\_\_

**COMMERCIAL**

Type of Building \_\_\_\_\_    Use of Building \_\_\_\_\_

Size of Building \_\_\_\_\_    Wall Height \_\_\_\_\_    Exterior Wall Material \_\_\_\_\_

**AGRICULTURAL OR COMMERCIAL REMODEL**

Area to be Remodeled \_\_\_\_\_    Type and Use of Building \_\_\_\_\_

Describe Improvements \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date