

Application for Tax Abatement Under The City of Murray Urban Revitalization Plan

Please type or print

Applicant (Owner of Record): _____

Address: _____

City: _____ State: _____ Phone Number: _____

Name of Other Owners of Record: _____

Address: _____

City: _____ State: _____ Phone Number: _____

Legal Description: _____

Existing Property Use:	Current Property Value(from assessor's records):
_____ Residential	Land: _____
_____ Commercial	Buildings: _____
_____ Vacant	

Type of Improvements (check one):

_____ New construction on vacant land

_____ Additions to existing structure

_____ Replacement of existing structure(s)

_____ Rehabilitation of existing structure(s)

BRIEF DESCRIPTION OF PROJECT: _____

Estimated or Actual Cost of Improvements: _____

Start Date: _____ Estimated/Actual Completion Date: _____

(If residential rental property, complete the following:)

Number of Units: _____

Tenants occupying the building when purchased (or present tenants if unknown); date of tenant occupancy; relocation benefits received by eligible tenants; attach list of buildings demolished, if any. (Continue on separate sheet if necessary).

Tenant Date of Occupancy

Relocation Benefits

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

Tax Abatement Applied For:

New Construction

Improvement Construction

3 Year Full

5 Year Graduated

10 Year Graduated

Acknowledgements:

A) A copy of the building permit (if required) is attached.

B) The property to which improvements are proposed, are anticipated to conform to the Murray Urban Revitalization Plan as adopted.

C) 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 improvements and/or new construction, and is true and complete to the best of the applicant's knowledge.

Applicant's Signature: _____

Date Signed: _____

City Council Action:

Approved

Resolution #: _____

Date: _____

Disapproved

Reason for disapproval: _____

County Assessor Action:

Reviewed and Approved

Date: _____

Assessed valuation of improvements: _____

Reviewed and Disapproved

Date: _____

Reason for disapproval: _____

Date Notification of Determination Sent to Applicant: _____