

# 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: \_\_\_\_\_