

APPLICATION FOR TAX ABATEMENT UNDER THE
URBAN REVITALIZATION PLAN FOR

CRESCO, IOWA

Date _____

_____ Prior Approval for
Intended Improvements

_____ Approval of Improvements
Completed

Address of Property: _____

Legal Description: _____

Title Holder or Contract Buyer: _____

Address of Owner (if different than above): _____

Phone Number (to be reached during the day): _____

Property Use: _____ Residential _____ Multi-Residential _____ Commercial

Nature of Improvements: _____ New Construction _____ Rehab/Addition _____ General Improvements

Specify: _____

Estimated or Actual Cost of Improvements: _____

Estimated or Actual Date of Completion: _____

If applicable, the name(s) of the tenants (if different than the owner) that occupied the property on
November 3, 2008: _____

Signed: _____

Tax Exemption Schedule:

Residential: 100% exemption on the first \$75,000 of actual value added for 3 years.

Multi-Residential/Commercial: 100% exemption of actual value added for 3 years.