

## COMMUNITY REINVESTMENT AREA APPLICATION

Residential Property Improvement Projects

(Applicant Name)	
(Mailing Address)	(City, State, Zip)
(Phone Number)	(Fax Number)
(Email Address)	
(Property Address)	(City, State, Zip)
(Tax Parcel Number(s) from tax bill)	
Application Involves:	
a. Remodeling 1 or 2 family dwelli	ng (remodeling cost of at least \$2,500)
o. Remodeling 3 or more residenti	ial units (remodeling cost of at least \$5,000)
c. Remodeling of commercial / ind	dustrial structures
d. New Construction	
Brief description of work	

## 6. Construction Information

New Co	onstruction Projects – If applying for new construction, please complete and sub	mit the following:
Total ad	ctual cost of new construction \$	
Square	footage	
Building	g Permit number (attach copy of <b>Building Permit</b> )	(attached)
Issuanc	e Date of Building Permit	
Start Da	ate of Project	
Completion Date (attach copy of <b>Certificate of Occupancy</b> )		(attached)
Proof o	f Ownership (copy of signed & dated lease agreement or HUD-1)	Yes No
categor categor	nent Statement of the Bank Loan or notarized list identifying the general ries of the work completed, the date the work was completed and each ry's expense.  of Front and Back of Completed Property(s).	(attached)
	te Plan if multiple buildings.	(attached)
Square	footage	
Include	with the application, documentation to support cost of improvements	(attached)
Tw	o acceptable examples are:	
1)	The affidavit of the draw payments of the construction contract. (Please ensure that the affidavit includes a description of the work completed.)	
2)	A notarized list identifying the general categories of the work completed, the date the work was completed and each category's expense. A labor cost for you own work can also be included.	
Building	g Permit number (attach copy of <b>Building Permit</b> )	(attached)
Issuanc	e Date of Building Permit	
Start Da	ate of Project	
Comple	etion Date (attach copy of <b>Certificate of Occupancy</b> )	(attached)
Proof o	f Ownership (copy of signed & dated lease agreement or HUD-1)	Yes No
Photos	of Front and Back of Completed Property(s).	(attached)
Map Si	te Plan if multiple buildings.	(attached)
If your	the <b>Property Tax Bill</b> from the County Auditor's Office taxes are escrowed, please submit parcel information tax card that can be on the Auditor's website.	(attached)

7. Do	es the Property Owner owe:				
a.	Any delinquent taxes to the State of Ohio or	an Ohio political subdivision?	☐ Yes ☐ No		
b.	Any moneys to the State or a state agency fo for any Ohio environmental laws?	r the administration or enforcement	Yes No		
C.	<ul> <li>c. Any other moneys to the State, a state agency or an Ohio political subdivision past due, whether the amounts owed are being contested in court of law or not? Yes No</li> <li>d. If yes to any of the above, detail each instance including, but not limited to, the location, amounts and/or case identification numbers. (Attach additional pages if necessary.)</li> </ul>				
d.					
8. CR	CRA Program Rules and Guidelines				
•	• The tax exemption begins when the application is approved. The exemption is NOT retroactive from the date of improvement.				
•	• Exemption value is determined by the County Auditor's office.				
•	• An increase or decrease in taxes during the abatement period may result when voted changes in tax rates, state-mandated reappraisals or updates reflecting neighborhood trends are adopted.				
•	• The Housing Officer may revoke the tax exemption any time after the first year if the property has building code violations.				
•	• Any person denied tax exemption by the Housing Officer may appeal in writing to the Community Reinvestment Area Housing Council, which shall have the right to overrule any decision of a Housing Officer. Appeals from a decision of the Housing Council may be taken to the Court of Common Please.				
•	Northwood City Council may rescind the ordinance granting tax exemption at their discretion.				
if required exemption	information is true and complete to the best of by the Housing Officer and/or the Wood Count for the improvements will not be effective unti y following the date of the Housing Officer's ce	y Auditor. If this application is approvil il the tax lien date (January 1) of the c	ed, any tax		
Name of Pr	e of Property Owner:				
	me and title)	Date:	, 20		
(Signature of F	roperty Owner)				
ND APPLICATION To	Administrator Glenn T. Grisdale, AICP, GISF		`		
ty of Northwood 100 Wales Road	Econ. Development Consulta Reveille LTD	Proposed Application			
orthwood, Ohio 43 none (419) 693-933	, ,	Final Application			
x (419) 693-6705 glenn.grisdale@reveille.me yadministrator@northwoodoh.gov		Period of Exemption			