



BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN
APPLICATION FOR TAX REBATE
PART 1

Owner's Name _____ Daytime Phone Number (____) ____ - _____

Owner's Mailing Address _____ City _____ State _____ ZIP _____

Address of Subject Property _____

Legal Description _____

Parcel Identification # 005- _____ QREF# R _____

(Available on Tax Statement or from the Barton County Appraiser's Office)

Permit No: _____ (must submit copy of permit with application) Issue Date ____ / ____ / ____

Improvement Costs: _____ Estimated Date of Completion ____ / ____ / ____

Description of Project: _____

Proposed Property Use:

Residential: (New ____ or Rehab ____) (Rental ____ or Owner Occupied ____)
(Single Family ____ or Multi Family ____) (If Multi Family Number of Units ____)
(If property will be or continue to be residential use, please complete PAGE 2)

Commercial: (New ____ or Rehab ____) (Rental ____ or Owner Occupied ____)
(If property will be or continue to be commercial use, please complete PAGE 3)

Industrial: (New ____ or Rehab ____) (Rental ____ or Owner Occupied ____)
(If property will be or continue to be industrial use, please complete PAGE 3)

Agricultural: (New ____ or Rehab ____) (Rental ____ or Owner Occupied ____)
(If property will be or continue to be agricultural use, please complete PAGE 3)



PART 1 – CONTINUED
RESIDENTIAL PROJECTS

Estimated Cost of Improvements: Materials \$ _____ Labor \$ _____ Total \$ _____
(Please attach copies of cost documentation, blueprints, and or plans)

Please check **ONE (1)** of the following that best describes the construction of your project:
____ Contractor Built (turn-key) ____ Prebuilt Home Moved Onto Site (____ on frame ____ off frame)
____ Contractor Built with Owner Participation
(Amount of Owner Participation ____ Hours ____ % of Project \$ _____ Value)
____ Owner Built ____ Other

NEW RESIDENTIAL

Foundation: Slab ____ Crawl ____ Full Basement ____ Partial Basement ____ Walkout Basement ____
Story Height ____ Heat and Air Type: _____ SQFT of Living Area: Main ____ Upper ____
Number of Rooms Above Grade
Main Floor: Bedroom(s) ____ Kitchen(s) ____ Living Room(s) ____ Separate/Formal Dining Room ____
Living/Dining Combo ____ Kitchen/Dining Combo ____ Family/Rec Room(s) ____ Den/Study/Office ____
Upper Floor: Bedroom(s) ____ Family/Rec Room(s) ____ Den/Study/Office ____ Other ____
Basement Information (If applicable): Bedroom(s) ____ Family/Rec Room(s) ____ Den/Study/Office ____
Other ____ Finished Basement Area: Size ____ x ____ or ____ %

Plumbing Information

Number of Baths on All Floors: Full Bath(s) ____ $\frac{3}{4}$ Bath(s) ____ $\frac{1}{2}$ Bath(s) ____
Number of Additional Fixtures: Double Sink(s) ____ Extra Shower or Tub ____ Laundry Sink ____ Wet Bar ____

RESIDENTIAL REMODEL

Room(s) Remodeled *(Please Mark All That Apply)*

Bedroom(s) ____ Kitchen(s) ____ Living Room(s) ____ Dining Room ____ Family/Rec Room(s) ____
Den/Study/Office ____ Bathroom(s) ____ Basement ____ Other _____

Room(s) To Be Added

Bedroom(s) ____ Kitchen(s) ____ Living Room(s) ____ Dining Room ____ Family/Rec Room(s) ____
Den/Study/Office ____ Bathroom(s) ____ Basement ____ Other _____

OTHER STRUCTURE USED FOR RESIDENTIAL PURPOSES

Type of Structure _____ Size of Building _____ x _____ Height _____
Construction: Wood Frame ____ Pole Frame ____ Steel Frame ____ Concrete ____ Fireproof Steel ____ Other ____



PART 1 – CONTINUED
COMMERCIAL/INDUSTRIAL/AGRICULTURAL PROJECTS

Estimated Cost of Improvements: Materials \$ _____ Labor \$ _____ Total \$ _____
(Please attach copies of cost documentation, blueprints, and or plans)

Please check **ONE (1)** of the following that best describes the construction of your project:

- Contractor Built (turn-key)
 Prebuilt Moved Onto Site
 Owner Built
 Contractor Built with Owner Participation
(Amount of Owner Participation _____ Hours _____ % of Project \$ _____ Value)
 Other

List of Buildings or Improvements Proposed to Be Demolished

- x _____ Year Built _____ Description _____
 x _____ Year Built _____ Description _____
 x _____ Year Built _____ Description _____

New Project

Type of Structure _____ Size _____ x _____ Height _____
 Construction: Wood Frame ___ Pole Frame ___ Steel Frame ___ Concrete ___ Fireproof Steel ___ Other ___
 Floor: Concrete _____ Dirt _____ Heat and Air Type: _____
 Exterior Wall Material: _____

Rehabilitation or Remodel of Existing Structure

Type and Current Use of Structure _____
 Size of Existing Structure _____ x _____ Year Built _____
 Describe Improvements Being Made _____



PART 1 – CONTINUED

BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN
APPLICATION FOR TAX REBATE

I, _____, acknowledge that I have received, read, and understand all the content in the Barton County Neighborhood Revitalization Plan. I do hereby agree to follow all application procedures and criteria. I understand that this application will be void one year from the date below if improvements or construction has not been started. I also understand that I am not eligible for any tax rebates unless or until the project is completed in its entirety. I will be able to request a one (1) time, one (1) year extension after construction has begun to complete the project. I further understand that any taxing entity may terminate this agreement with thirty (30) days' notice at any time. I understand that failure to follow all proper procedures, meet stated deadlines for submittal of applications, and all other requirements of the Barton County Neighborhood Revitalization Plan will result in the immediate removal of my property from the program and all future rebates will be forfeited.

Signature of Property Owner _____
Date

OFFICE USE ONLY

Non-Refundable Application Fee received? _____ YES (Cash, Check No _____) _____ NO
Based upon the submitted information the minimum investment amount will be met? ___ YES ___ NO
The most recent certified Appraised and Assessed Valuation is as follows:

Appraised Value			Assessed Value		
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Land	Improvement	Total	Land	Improvement	Total

TREASURER'S OFFICE

As of _____, 20____ Taxes on this property as well as all other real estate and/or personal property taxes owed by the above property owner are hereby current. _____
Initials _____
Date

COUNTY CLERK'S OFFICE

As of _____, 20____ There are no delinquent special assessments for this property. _____
Initials _____
Date



PART 2 – PROJECT COMPLETION

Part 2 – Project Completion must be filed in the Office of the County Appraiser by January 31st of the year following the year the construction was completed or project will be ineligible for tax rebate. Any and all financial information reported on this form will be considered confidential and will not be subject to public disclosure as provided in K.S.A. 45-221(b).

Owner’s Name _____ Daytime Phone Number (____) ____ - _____

Address of Subject Property _____

Permit No: _____ Issue Date ____/____/____ Actual Date of Completion ____/____/____

Final Improvement Costs: _____ *(Make sure to attach copies of all construction costs when submitting Part 2)*

Signature of Owner _____ **Date** _____

FOR OFFICE USE ONLY
For Review by All Applicable Entities

Building Inspector Proceed ____ Do NOT Proceed ____ Signed By _____

Comments: _____

City Administrator Proceed ____ Do NOT Proceed ____ Signed By _____

Comments: _____

City Utility Dept. Proceed ____ Do NOT Proceed ____ Signed By _____

Comments: _____

County Appraiser

Appraised Value			Assessed Value		
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Land	Improvement	Total	Land	Improvement	Total
Increased Property Value due to the improvements: \$ _____			Assessed Value Increase: _____%		

This project meets the requirements for a tax rebate: YES ____ NO ____

BY _____ DATE _____

(Barton County Appraiser’s Office)



PART 3 – PROJECT NOT COMPLETE

Part 3 – Project NOT Complete must be filed in the Office of the County Appraiser by January 31st of the year following the year the construction was completed or project will be ineligible for tax rebate. Upon receiving and acknowledging the receipt of Part 3 – Project NOT Complete the project will be granted a one time, one year extension to complete the project 100%.

Owner's Name _____ Daytime Phone Number (____) ____ - _____

Address of Subject Property _____

Permit No: _____ Issue Date ____/____/____

Amended Estimated Date of Completion ____/____/____

Estimated percent complete of the ongoing project as of January 1. _____%

Signature of Owner _____ **Date** _____

FOR OFFICE USE ONLY

Date Part 3 received ____/____/____

Date letter mailed to owner granting one time, one year extension ____/____/____

Date any/all applicable entities notified ____/____/____ Entity _____

BY _____

DATE _____

(Barton County Appraiser's Office)