

BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN APPLICATION FOR TAX REBATE

PART 1

Owner's Nam	ne	Daytime Pl	none Number ()	
	ling Address			
Legal Descrip	otion			
Parcel Identif	ication # 005 (Available on Tax	Statement or from the Barton G	QREF# <u>R</u> County Appraiser's Office	e)
Permit No:	(must submit copy	of permit with application) Issue Date	_//
Improvement	Costs:	Estimated Date of	of Completion	_//
Description of	f Project:			
Proposed Prop	perty Use:			
Residential:	(Single Family or Multi H	·	nily Number of Units)
Commercial:	(New or Rehab) (If property will be or cont	(Rental or Owner Oc inue to be commercial use, ple		
Industrial:	(New or Rehab) (If property will be or cont	(Rental or Owner Oc inue to be industrial use, pleas	1/	
Agricultural:	(New or Rehab) (If property will be or cont	(Rental or Owner Oc inue to be agricultural use, ple		

Barton County
Barton Invests in Growth
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 frameoff frame) Contractor Built with Owner Participation Off Project \$Volue) 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 Basement Information(If applicable): Bedroom(s) Family/Rec Room(s) Den/Study/Office Other Finished Basement Area: Sizex or% Plumbing Information
Number of Baths on All Floors: Full Bath(s) ¾ Bath(s) ½ 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 Buildingx 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 \$ 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 Hours% of Project \$ Value) Other	Barton Invests in Growth
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 (turn-key) Prebuilt Moved Onto Site Owner Built Contractor Built with Owner Participation % of Project \$	PART 1 – CONTINUED
Contractor Built (turn-key) Prebuilt Moved Onto Site Owner Built Contractor Built with Owner Participation W of Project \$Value) Other W of Project \$Value) Other W W of Project \$Value) W Wear Built Description	stimated Cost of Improvements: Materials \$ Labor \$ Total \$
Contractor Built with Owner Participation Work Project \$Value) Other Work Proposed to Be Demolished XYear BuiltDescription	lease check ONE (1) of the following that best describes the construction of your project:
xYear Built Description	Contractor Built with Owner Participation (Amount of Owner ParticipationHours% of Project \$ Value)
x Year Built Description x Year Built Description New Project Type of Structure Size Type of Structure Size Construction: Wood Frame Pole Frame Steel Frame Concrete Floor: Concrete Dirt Heat and Air Type: Exterior Wall Material:	ist of Buildings or Improvements Proposed to Be Demolished
x Year Built Description New Project Size x Height 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: Exterior Wall Material:	x Year Built Description
New Project Type of Structure Construction: Wood Frame Pole Frame Steel Frame Concrete Fireproof Steel Other Floor: Concrete Dirt Heat and Air Type: Exterior Wall Material:	x Year Built Description
Type of Structure Sizex Height Construction: Wood Frame Pole Frame Steel Frame Concrete Fireproof Steel Other Floor: Concrete Dirt Heat and Air Type: Exterior Wall Material:	x Year Built Description
Floor: Concrete Dirt Heat and Air Type: Exterior Wall Material:	New Project Type of Structure Sizex Height
Exterior Wall Material:	Construction: Wood Frame Pole Frame Steel Frame Concrete Fireproof Steel Other
	loor: Concrete Dirt Heat and Air Type:
	exterior Wall Material:
Rehabilitation or Remodel of Existing Structure Type and Current Use of Structure	Rehabilitation or Remodel of Existing Structure
Size of Existing Structurex Year Built	ize of Existing Structurex 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 herby 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			
			0	FFICE USE ON	LY			
Non-Refunda	able Application Fe	e receiv	ved?	YES (Cash, Che	eck No)	NO	
Based upon t	the submitted info	rmatior	n the minimum	investment an	nount will be	e met?YES	5 <u>NO</u>	
The most rec	cent certified Appr	aised ar	nd Assessed Va	luation is as fol	lows:			
	Appraised Valu	ie			Assesse	ed Value		
\$	\$	\$		\$		\$	\$	
Land	Improveme	nt —	Total		Land	Improvem	nent	Total
TREASURER'	S OFFICE					-		
As of		_, 20	Taxes o	n this property	as well as a	ll other real es	state and	l/or personal
property tax	es owed by the ab	ove pro	perty owner a	re hereby curre	nt			
					Initials		Date	
COUNTY CLE								
As of		_, 20	There a	re no delinque	nt special as	sessments for	r this pro	perty.
					Initials		Date	
							2010	



PART 2 - PROJECT COMPLETION

Part 2 – Project Completion must be filed in the Office of	of the County Appraiser by January 31 st of the year						
following the year the construction was completed or pr	oject will be ineligible for tax rebate. Any and all						
financial information reported on this form will be consid	idered 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 sur	re to attach copies of all construction costs when submitting Part 2						
Signature of Owner							
	E USE ONLY 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 S	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						
ΒΥ	DATE						
BY(Barton County Appraiser's Office)							



PART 3 – PROJECT <u>NOT</u> COMPLETE

Part 3 - Project NOT Complete must be filed in the Office of the County Appraiser by January 31st of	f the year
following the year the construction was completed or project will be ineligible for tax rebate. Upon re	ceiving
and acknowledging the receipt of Part 3 - Project NOT Complete the project will be granted a one tir	ne, 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)	