

APPLICATION FOR TAX REBATE UNDER THE CITY OF RUSSELL
NEIGHBORHOOD REVITALIZATION PLAN

PART I
(Please Print)

Owner's Name: _____ Day Phone No.: _____

Owner's Mailing Address: _____

Address of Property: _____ School District No. 407

Parcel Identification Number: _____
(Take from your tax statement or call the County Appraiser's Office)

Legal Description of Property: _____

(Attach additional sheets if necessary)

Proposed Property Use:

RESIDENTIAL:	_____ New	OR	_____ Rehab
	_____ Rental	OR	_____ Owner-Occupied
	_____ Residence		_____ Other (Explain) _____
	_____ Single Family		_____ Multi-Family
	_____ No. of Living Units		_____ No. of Living Units

COMMERCIAL:	_____ New	OR	_____ Rehab
	_____ Rental	OR	_____ Owner-Occupied

Building Permit No.: _____

List Improvements and Associated Cost: (Attach drawings, and dimensions, and/or estimates):

_____ \$ _____
_____ \$ _____
_____ \$ _____

(Use additional sheets if necessary)

Estimated Date of Completion: _____

Estimated Cost of Improvements: Materials \$ _____ Labor \$ _____
(documentation of estimates to support responses)

Applicant to have this completed prior to submission.

COUNTY APPRAISER'S STATEMENT As of _____, 20____ the appraised valuation of this property is:

Land	\$ _____
Improvements	\$ _____
Totals	\$ _____

By: _____ Date: _____
(Russell County Appraiser's Office)

COUNTY CLERK'S STATEMENT As of _____, 20____ the taxes on this parcel are

current _____

not current _____

By: _____ Date: _____
(Russell County Clerk's Office)

The applicant is hereby informed that the difference in value before and after rehabilitation will be determined by the change in appraised value and may not equal the dollars spent.

I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will be void one year from the date below, if improvements or construction hasn't begun. I further agree to complete the questionnaire attached to this application.

By: _____ Date: _____
Signature of Applicant-Owner

- A non-refundable \$50 application fee must accompany this original application to the City of Russell Building Official.

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PART II

COMMENCEMENT OF CONSTRUCTION

Construction estimated to begin on: _____ Building Permit No: _____

Parcel ID No: _____

Address: _____

City/Zip: _____

Estimated Date of Completion of Construction: _____

Applicant's Name: _____
(Please Print)

I understand that this application will void eighteen (18) months from the date construction started unless the construction is finished before then.

Applicant's Signature

Date

File original of Part II with:

Building Inspector/Zoning Administrator
City of Russell
133 W. 8th
Russell, KS 67665

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PART III

CONSTRUCTION/COMPLETION

BUILDING PERMIT NO: _____

PARCEL ID No: _____

By my signature I certify that the project applied for under the City of Russell Neighborhood Revitalization plan is complete, and the City of Russell has conducted and approved a final building inspection and issued a Certificate of Occupancy.

Signed: _____
(Applicant's Signature)

Date: _____

Applicant must attach receipts and/or spreadsheet.
Applicant must attach a copy of the Certificate of Occupancy.

File original of Part III with:

Building Inspector/Zoning Administrator
City of Russell
133 W. 8th
Russell, KS 67665

CITY OF RUSSELL
QUESTIONNAIRE FOR TAX REBATE APPLICATION
For Internal Use Only

This survey is to be completed and submitted with Part I of the application.

Would you have considered your project without the tax rebate incentive?
____ Yes ____ No

How did you hear about the rebate program? ____ Newspaper ____ Word of Mouth
____ Signs/Brochures ____ Radio

Other (please describe) _____

Is your project ____ Residential ____ Commercial ____ Industrial

If residential: _____ Number of Units

If commercial or industrial project, please complete the following:

_____ New jobs to be created

_____ Number of jobs to be retained

Estimated project cost \$ _____

Intended use of property upon completion

The above information will be used in monitoring the tax rebate program. Copies of this questionnaire will be sent to the Russell County Economic Development Office. Your signature on this survey is optional. Thank you for completing the questions!

Signature of Applicant

Date