



Central Business District Tax Abatement Application

Date Received: _____

Permit # _____

Name of Business: _____

Type & Kind of Business: _____

Location of Business: _____ Suite # _____

Property Owner: _____ Phone # _____

Property Owner's Address: _____

Owners Phone # _____ Contact Name: _____

Parcel #: _____ Zoning Classification: _____

Contractor: _____ Contractor Phone #: _____

Current Value: _____

Signature: _____

Office Use Only

Contractor Estimate: \$ _____

Tax Assessor Data:

| Land | Improvement | Total | Land | Improvement | Total |
|--------------------------------|-------------|-------|-------------------------------|-------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Current Assessed Values | | | Future Assessed Values | | |

| County | City | School | County | City | School |
|-------------------------|-------|--------|------------------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Current Tax Data | | | Future Tax Data | | |

Advised Years of Tax Abatement: _____