



Neighborhood Revitalization Program Application

Section One: to be filled out by applicant

Owner of Record: _____ Current Tax Year: _____

Phone: _____ Zoning District: _____

Email: _____ Parcel #: _____

Property Address: _____

Legal Description: _____

Property Use: Check all that apply:

Check One: _____ Residential _____ Commercial _____ Industrial

Check One: _____ New Building _____ Remodel _____ Addition

Check One: _____ Rental _____ Owner Occupied

Check One: _____ Infill Lot

List Improvements and Associated Costs: (Attach drawings, and dimension, and or estimates) Please be specific.
Items not included will be taxed at full rate.

Please use additional sheets if necessary.

Construction to begin on: _____

Estimated Date of Completion of Addition, Construction or Renovation: _____

Estimated Costs of Improvements: Materials \$ _____ Labor \$ _____

Owner of Record Signature

Date

Section Two: City Planning & Zoning Department Use Only

Date of Application Receipt: _____ Building Permit No.: _____

Is Property in a Plan Area of City? _____ Yes _____ No

Current Property Tax Statement Attached? _____ Yes _____ No

Property Tax Delinquent? _____ Yes _____ No

Building Permit Application Attached? _____ Yes _____ No

Base Year Property Value: Land: \$ _____ Building: \$ _____ = Total: \$ _____

Approved: _____ Denied: _____

Authorized Signature

Date

Section Three: For County Appraiser's Office Use Only

Reappraisal of Property

Zoning District: _____

Base Year Appraised Value of Property

Parcel ID No.: _____

Taxing Unit(s): _____

Land Use: _____

Land Value: _____

Building Value: _____

Total Appraised Property Value: _____

Valuation Subject to Rebate:

Taxing Unit(s): _____

Land Use: _____

Land Value: _____

Building Value: _____

Total Appraised Property Value: _____

Tax Increment Available to Rebate: _____

Approved: _____ Denied: _____

Approved (Anderson County Appraiser's Office)

Date: _____

Section 4: City Planning & Zoning Department Use Only

Construction completion:

Parcel ID No:_____

Address: _____

Town/Zip Code: _____

The above applicant ()IS ()IS NOT in conformance with the requirements of the City of Garnett
Neighborhood Revitalization Plan. Reason application is not in conformance:

By _____
Zoning Administrator

Date_____

