

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REHABILITATED STRUCTURES

CIRCLE ONE

RESIDENTIAL

COMMERCIAL/INDUSTRIAL

Application Date _____ Tax Map Number _____

Name & Address of Owner: _____

Address of Subject Property: _____

Description of Structure: _____

Description of Work To Be Done: _____

Bldg. Permit #	Date Applied For	Cost of Work	Date Permit Approved
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_____	_____	_____	_____
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Date rehabilitation to begin _____ Estimated completion date _____

Estimated Cost of Rehabilitation _____

IMPORTANT DO NOT begin rehabilitation work until you have received written notification from the Commissioner of the Revenue that the County has inspected and photographed the qualifying structure and made an assessment, in writing, of the building value prior to rehabilitation. Determination of qualification for partial tax exemption for rehabilitated structure is not made until the construction is complete. Owner must show proof of age of structure with this initial application. Owner must submit with this application the previous three years income and expense statements (commercial/industrial properties)> See Code of Virginia 58.1 - 3294.

I hereby request partial exemption from real estate taxes for qualifying property to be rehabilitated as provided by Northampton County Ordinance.

I understand that a qualifying commercial/industrial must be at least twenty (20) years old as of the date of this initial application or fifteen (15) years of age if the structure is located in a area designated as an enterprise zone by the Commonwealth of Virginia. Residential structures must be at least fifteen (15) years old as of the date of this initial application. The reassess value after rehabilitation must be 60% more than the original assessment. Work must be completed within two (2) years from the date of completion of this application. Such exemption shall run with the real estate for a period of ten (10) years.

I certify that the statements contained in this application are true and correct to the best of my knowledge. I acknowledge receiving a copy of the Northampton County Ordinance with this application. I certify that I am the owner or have the authority of the owner to make this application.

Date: _____ Owner or Agent _____

Telephone: Day _____ FAX _____

Evening _____ e-mail _____

-----OFFICE USE ONLY -----

FEE PAID _____ RECEIPT # _____

DATE APPLICATION RECEIVED BY COMMISSIONER OF THE REVENUE _____

BY _____

PROOF OF AGE _____

THREE YEARS INCOME/EXPENSE _____

BUILDING PERMIT _____ \

BUILDING VALUE PRIOR TO REHABILITATION _____

DATE _____

APPRAISER _____

DATE OWNER NOTIFIED _____

This building DOES () DOES NOT () qualify for partial exemption

DATE _____ APPRAISER _____

Receipt of rehabilitation _____

Re - inspection & photos _____

Written notice of increased assessment _____

Notice of exemption granted _____