

Stafford County, Kansas

Inter-Local
Neighborhood Revitalization Plan

Forms Packet

Instructions: Complete Attachment B and deliver entire packet to the County Appraiser's office.

Questions regarding the forms should be directed to:
Stafford County Appraiser, 620-549-3540

BUILDING PERMIT # _____

APPLICATION FOR TAX REBATE UNDER THE STAFFORD COUNTY
INTER-LOCAL NEIGHBORHOOD REVITALIZATION PLAN

PART I
GENERAL INFORMATION

Owner Information

Owner's Name _____ Day Phone No. _____

Owner's Mailing Address _____

City: _____ State: _____ Zip: _____

Property Information

Street Address of Property _____

City: _____ State: KS Zip: _____

Parcel Information Number _____

(Take from your tax statement or call the County Appraiser's office)

Legal Description of Property (Use additional sheets if necessary)

Property Use

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

_____ Residence _____ Single Family _____ Multi-Family
_____ Other (explain) _____ _____ No. of Units

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

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

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

ATTACHMENT B

Improvements and Associated Costs (Attach drawings and dimensions, use additional sheets if necessary)

Estimated Date of Completion _____

Estimated Cost of Improvements

Materials \$ _____ Labor \$ _____
(Documentation is needed to support these estimates)

List of buildings demolished or proposed to _____

Does the applicant own the land? _____ Yes _____ No

Will the proposed project be on a foundation? _____ Yes _____ No

I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will void one year from the date below, if improvements or construction has not begun.

Signature of Applicant

Date

* A non-refundable \$25 application fee must accompany this application.

FOR COUNTY APPRAISER'S USE ONLY

As of _____, 20____, the assessed valuation is:

Land \$ _____ Improvements \$ _____ TOTAL \$ _____

Based upon the above listed improvements and associated costs supplied by the applicant, the improvements will ___ will not ___ meet the terms for a tax rebate.

By _____

Date _____

Stafford County Appraiser's Office

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**PART II
COMMENCEMENT OF CONSTRUCTION**

Building Permit No. _____ (where applicable)

Construction estimated to begin on _____

Estimated date of completing of construction _____

By _____

Date _____

Applicant's Signature

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PART III
STATUS OF CONSTRUCTION AS OF JANUARY 1ST

_____ Incomplete project as of January 1, following commencement.

_____ Complete project as of January 1, following commencement.

Signed: _____ Date: _____
Applicant's Signature

FOR COUNTY APPRAISER'S USE ONLY

The Above Improvements:

Residential Property:

_____ Meets the minimum required increase of \$2,300 in assessed valuation

_____ Does NOT meet the minimum required increase of \$2,300 in assessed valuation

Agricultural, Commercial or Industrial Property:

_____ Meets the minimum required increase of \$4,500 in assessed valuation

_____ Does NOT meet the minimum required increase of \$5,000 in assessed valuation

By _____ Date _____
Stafford County Appraiser's Office

FOR COUNTY CLERK'S USE ONLY

As of _____, 20____ Taxes on this parcel _____ Are _____ Are Not Current

By _____ Date _____
Stafford County Clerk's Office

