

APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY  
NEIGHBORHOOD REVITALIZATION PLAN

PART I

A non-refundable \$150 application fee must accompany this application.

Owner's Name: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_  
(Please print)

Owner's Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ School District Number: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_  
(Copy from your tax statement or call the County Assessor's Office)

Legal Description of Property:

(Use additional sheets if necessary.)

Proposed Property Use:

RESIDENTIAL: \_\_\_\_\_ New OR \_\_\_\_\_ Rehab \_\_\_\_\_ Rental OR \_\_\_\_\_ Owner Occupied

\_\_\_\_\_ Residence \_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Number of Units

COMMERCIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab. \_\_\_\_\_ Rental \_\_\_\_\_ Owner Occupied

INDUSTRIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab. \_\_\_\_\_ Rental \_\_\_\_\_ Owner Occupied

AGRICULTURE: \_\_\_\_\_ New \_\_\_\_\_ Rehab. \_\_\_\_\_ Rental \_\_\_\_\_ Owner Occupied

Does the applicant own the land? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the proposed project be on a foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will the proposed project be taxed? \_\_\_\_\_ Personal Property \_\_\_\_\_ Real Estate

Will it be permanently attached to the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 has not begun on this project.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY  
NEIGHBORHOOD REVITALIZATION PLAN

PART 2 (RESIDENTIAL)

Any and all financial information reported on this form will be considered confidential and will not be subject to public disclosure  
as provided in K.S.A. 45-221 (b)

**GENERAL**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to be Demolished: \_\_\_\_\_

Estimated cost of Improvements: (Please attach copies of cost documentation and Blueprints or Plans)

Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ MUST BE OVER \$25,000 TO QUALIFY FOR REBATE.

Please check one of the following that best describes the construction of your property.

All Contractor Built (turn-key)     Prebuilt Home moved on site     Modular Home

Contractor built with owner participation     All owner built     Other \_\_\_\_\_

Amount of Owner Participation: \_\_\_\_\_ Hours    \_\_\_\_\_ Percent of Project    \_\_\_\_\_ Value

**NEW RESIDENTIAL**

Story Height \_\_\_\_\_ Basement Size \_\_\_\_\_ Heating & Cooling \_\_\_\_\_

Square Feet of Finished Living Area -- Basement \_\_\_\_\_ Ground Floor \_\_\_\_\_ Upper Floor \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Square Feet of Unfinished Area \_\_\_\_\_

Garage Size \_\_\_\_\_  Attached     Detached

**RESIDENTIAL REMODEL**

Square Feet of Living Area Added \_\_\_\_\_  Basement     Ground Floor     Upper Floor

Rooms to be Remodeled (Please Mark all that Apply)

Living Room     Bedroom     Bathroom     Kitchen     Dining Room

Basement     Other \_\_\_\_\_

Rooms to be added (Please Mark all that Apply)

Living Room     Bedroom     Bathroom     Kitchen     Dining Room

Basement     Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY  
NEIGHBORHOOD REVITALIZATION PLAN  
PART 3 (COMMERCIAL OR AGRICULTURAL)

**GENERAL**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to be Demolished \_\_\_\_\_

Estimated Cost of Improvements: Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_  
(Please attach copies of cost documentation)

Please check one of the following that best describes the construction of your property:

- All Contractor Built (turn-key)     Pre-built Unit moved on site     Modular Building  
 Contractor built with owner participation     All owner built     Other \_\_\_\_\_

Amount of Owner Participation: \_\_\_\_\_ Hours    \_\_\_\_\_ Percent of Project    \_\_\_\_\_ Value

**AGRICULTURAL**

Type of Building \_\_\_\_\_ Use of Building \_\_\_\_\_

Building Dimensions \_\_\_\_\_ Exterior Wall Material \_\_\_\_\_

Location of Building \_\_\_\_\_

**COMMERCIAL**

Type of Building \_\_\_\_\_ Use of Building \_\_\_\_\_

Size of Building \_\_\_\_\_ Wall Height \_\_\_\_\_ Exterior Wall Material \_\_\_\_\_

**AGRICULTURAL OR COMMERCIAL REMODEL**

Area to be Remodeled \_\_\_\_\_ Type and Use of Building \_\_\_\_\_

Describe Improvements \_\_\_\_\_

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\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY  
NEIGHBORHOOD REVITALIZATION PLAN  
PART 4 (COMMENCEMENT OF CONSTRUCTION)

Parcel Identification Number \_\_\_\_\_

Date of Original Application \_\_\_\_\_

Construction estimated to begin on \_\_\_\_\_ Building Permit Number \_\_\_\_\_  
(where applicable)

Estimated Date of Completion of Construction \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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APPLICATION FOR TAX REBATE UNDER THE KINGMAN COUNTY  
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PART 5 (STATUS OF CONSTRUCTION COMPLETION)

Parcel ID Number \_\_\_\_\_

Original Application Date \_\_\_\_\_

\_\_\_\_\_ Incomplete Project as of January 1 following commencement

\_\_\_\_\_ Complete Project as of January 1 following commencement

The Construction project applied for was considered complete on \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_