

**APPLICATION FOR TAX ABATEMENT FOR COMMERCIAL PROPERTY  
CRAWFORD COUNTY**

(Please type or print)

**EXEMPTION SCHEDULE APPLIED FOR:** (circle one)

**3 YEARS - 100%**

**5 YEAR-SLIDING SCALE - 80%/60%/40%/20%/20%**

**APPLICANT INFORMATION**

**APPLICANT** (Owner of Record) \_\_\_\_\_

**NAME OF OTHER OWNERS OF RECORD** (if any) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_, **IA**

**PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS OF PROPERTY REQUESTED FOR ABATEMENT:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**PARCEL #** \_\_\_\_\_

**TOWNSHIP** \_\_\_\_\_

**SCHOOL DISTRICT** \_\_\_\_\_

**EXISTING PROPERTY USE (Circle one):** RESIDENTIAL VACANT COMMERCIAL AGRICULTURAL

**ESTIMATED COST OF NEW CONSTRUCTION \$100,000 OR MORE? YES OR NO**

If no, construction does not qualify

**ESTIMATED COST OF CONSTRUCTION:** \_\_\_\_\_

**TYPE OF IMPROVEMENTS:** **COMMERCIAL** \_\_\_\_\_ New Construction  
\_\_\_\_\_ Improvements on existing structures

**BRIEF DESCRIPTION OF PROJECT:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_ **Estimated or actual completion date:** \_\_\_\_\_

The applicant certifies that all information in this application and all information provided in the support of this application is given for the purpose of obtaining an exemption from taxes on new construction, and is true and complete to the best of the applicant's knowledge.

Applicant agrees to maintain an assessed valuation of the property described in this application for the term of this tax exemption. Applicant agrees that prior to the termination date of this agreement, they will not seek administrative or judicial review of the assessment.

**Applicant's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Applications must be submitted to the Crawford County Board of Supervisor's prior to February 1.

**Return to:** Crawford County Board of Supervisors  
Courthouse Suite 5  
Denison, IA 51442

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|--------------------------------------|---|
| <b>OFFICE USE ONLY:</b>              |   |
| <b>Assessor Use Only:</b>            | I recommend that this application be <input type="checkbox"/> allowed <input type="checkbox"/> disallowed |
|                                      | Signed _____ Date _____   |
|                                      | Assessor (or authorized representative)   |
| <b>Board of Supervisor Use only:</b> | Tax Exemption <input type="checkbox"/> allowed <input type="checkbox"/> disallowed                        |
|                                      | Signed _____ Date _____   |
|                                      | Representative of the Board of Supervisors  |

Last Edited 03/09/16

**THE CRAWFORD COUNTY COMMERCIAL REVITALIZATION TAX EXEMPTION IS A  
NON-TRANSFERABLE EXEMPTION**