

APPLICATION FOR TAX ABATEMENT UNDER THE
EARLHAM URBAN REVITALIZATION PLAN
FOR EARLHAM, IOWA

_____ Prior Approval for Intended Improvements

_____ Approval of Improvements Completed

FOR PROPERTY TAX EXEMPTION FOR IMPROVEMENTS UNDER THE PROVISIONS OF THE EARLHAM URBAN REVITALIZATION PLAN ADOPTED BY THE CITY COUNCIL OF THE CITY OF EARLHAM, IOWA

The Earlham Urban Revitalization Plan allows property tax exemptions as follows:

(1) All qualified real estate assessed as residential property is eligible to receive a one hundred percent (100%) exemption from taxation on the actual value added by the improvements. The exemption is for a period of five (5) years.

(2) All qualified real estate assessed as multi-residential that consists of three (3) or more separate living quarters with at least 75% of the space used for residential purposes shall be eligible to receive a one hundred percent (100%) exemption from taxation on the actual value added by the improvements. The exemption is for a period of five (5) years.

In order to be eligible, the property must be located in the Earlham Urban Revitalization Area. The Area includes all property within the City limits as of January 1, 2018, and any property annexed after January 1, 2018.

*This application must be filed with the City by February 1 of the assessment year for which the exemption is first claimed, but not later than 2 years after the February 1st following the year that the improvements to existing structures or new construction is first assessed for taxation.

Address of Property: 540 NW Poplar Avenue

Legal Description: SINGLE FAMILY HOME

Title Holder or Contract Buyer: TITLE HOLDER

Address of Owner (if different than above): _____

Phone Number (to be reached during the day): 816-786-9941

Email Address: goby96@gmail.com

Existing Property Use: HOME DWELLING

Proposed Property Use: DWELLING - SINGLE FAMILY HOME

Nature of Improvements: _____ New Construction _____ Addition General Improvements

Specify: Complete remodel of Kitchen, 2 Bath, Furnace + AC, W. Heat, paint, Flooring etc...

Permit Number(s) from the City of Earlham

Date Permit(s) Issued: 4-19-22

Permit(s) Valuation: _____ [Attach approved Building Permit (if required) to this application]

Estimated or Actual Date of Completion: 5-19-23

Estimated or Actual Cost of Improvements: 112,000

Signature: 

Name (Printed) GRANT C. BROWN

Title: OWNER 540 POPLAR



BUILDING PERMIT

Permit No. _____

140 S. Chestnut Ave. Earlham, IA 50072 | Ph: 515-758-2281 | EarlhamIowa.org | Email: earlhamcityhall@mchsi.com

TYPE OF PERMIT: Building Deck Pool Other

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

JOB SITE		BUILDING SQUARE FOOTAGE																						
ADDRESS: <u>540 NW Poplar Ave</u>		Level 1	<u>1400</u> Pool Size _____																					
NAME: _____		Level 2	_____ Deck sqf _____																					
DATE: <u>4/19/2008</u>		Bsmt Finished	<u>975</u> Garage/Shed _____																					
Plat # _____ Lot# _____ Development _____		Bsmt Unfinished	_____																					
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial		DESCRIPTION OF PROJECT:																						
Property is in a Flood Plain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MPE _____		<p><i>Remodeling home including removing and moving walls, moving a bedroom and updating 2 bathrooms. Renovating kitchen.</i></p> <p style="text-align: center;"><i>No separate trade permits needed for residential new construction</i></p>																						
Owner	Name: <u>Jess & Jeff Lillie</u> Email: <u>jesslillie@hotmail.com</u>	PERMIT FEES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PROJECT VALUATION</td> <td style="width: 10%;">FENCE</td> <td style="width: 10%;">\$</td> <td style="width: 20%;">_____</td> </tr> <tr> <td rowspan="4" style="border: 1px solid black; text-align: center; vertical-align: middle;">\$ _____</td> <td>SHED</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>DECK</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>POOL</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>SIDEWALK</td> <td>\$</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL PERMIT FEE</td> <td>\$</td> <td style="border: 1px solid black;">_____</td> </tr> </table>		PROJECT VALUATION	FENCE	\$	_____	\$ _____	SHED	\$	_____	DECK	\$	_____	POOL	\$	_____	SIDEWALK	\$	_____	TOTAL PERMIT FEE		\$	_____
	PROJECT VALUATION			FENCE	\$	_____																		
	\$ _____			SHED	\$	_____																		
				DECK	\$	_____																		
POOL		\$	_____																					
SIDEWALK		\$	_____																					
TOTAL PERMIT FEE		\$	_____																					
Address: <u>425 NW 6th St</u> Fax No: _____																								
City: <u>Earlham</u> Telephone No.: <u>515-758-2769</u>																								
State/Zip: <u>50072 IA</u> Cell No.: <u>315-975-1561</u>																								
Contractor	Name: _____ Email: _____	ADDITIONAL ACKNOWLEDGEMENTS <ul style="list-style-type: none"> Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled. This permit shall expire if work has not commenced or has been abandoned for 120 days. ALL WORK MUST BE INSPECTED. It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector. The permittee acknowledges they are proficient in the performance of the work covered by this permit. Fill out this application and return to City Hall. 																						
	Address: _____ Fax No.: _____																							
	City: _____ Telephone No.: _____																							
	State/Zip: _____ Cell No.: _____																							
Architect-Engineer	Name: _____ Email: _____	SIGNATURE OF OWNER OR AGENT <u><i>Jess Lillie</i></u> DATE: <u>4/19/08</u>																						
	Address: _____ Fax No.: _____																							
	City: _____ Telephone No.: _____																							
	State/Zip: _____ Cell No.: _____																							
Sub-Contractors	Company Name: <u>LilliePHE</u> Phone: <u>515-758-2769</u>	<p>To schedule an inspection, or have any questions please call Veenstra & Kimm at 515-850-2980. Email: jvan@v-k.net A 24 hour inspection notice is needed.</p> <input type="checkbox"/> Payment Received Date: _____ Amount: \$ _____ WHEN APPROVED BELOW, THIS BECOMES YOUR PERMIT																						
	State Lic. # <u>EL007599MB</u> Phone: _____																							
	Specialty: <u>Electric/Plumbing/HVAC</u> Phone: _____																							
Company Name: _____ Phone: _____	ISSUED BY: _____ DATE: _____																							
Company Name: _____ Phone: _____	BUILDING OFFICIAL _____																							