

# Application for Tax Rebate under the County of Sherman Neighborhood Revitalization Plan

## Part 1 (A)

A non-refundable \$50.00 application fee must accompany this application

Owner's Name: \_\_\_\_\_ Day Phone No: \_\_\_\_\_  
(Please Print)

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

Address of Property: \_\_\_\_\_ School District No: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_  
(Copy from your tax statement or call the County Appraiser'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

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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. An itemized statement of costs will need to be turned in when I have completed by project, I understand this will be necessary to receive my rebate. I further understand that this application will be void one year form the date below if improvements or construction has not begun on this project. I further agree to complete the questionnaire attached to this application.

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

\_\_\_\_\_  
Date

**Application for Tax Rebate under the County of Sherman  
Neighborhood Revitalization Plan  
Part 1 (B) 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 Plan)

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

Total Costs \$ \_\_\_\_\_ **MUST BE OVER \$5,000 TO QUALIFY FOR REBATE**

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

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

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

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**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

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**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 \_\_\_\_\_

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Signature of Owner

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Date