



# APPLICATION

## Community Reinvestment Area Tax Exemption Program

TO BE FILED WITH THE VILLAGE OF FAIRPORT HARBOR ADMINISTRATOR / HOUSING OFFICER

\_\_\_\_\_  
Name of Real Property Owner

\_\_\_\_\_  
Address of Subject Property

Exemption sought for: New Structure  Federal Employer ID # \_\_\_\_\_

Remodeling  Social Security # \_\_\_\_\_

RESIDENTIAL

COMMERCIAL/INDUSTRIAL

Date of Project Completion: \_\_\_\_\_

Does this Project involve a structure of historical or architectural significance? Yes  No

If YES, attach written certification by the designating agency or authorized agent.

\_\_\_\_\_  
Date

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

----- **FOR OFFICIAL USE ONLY** -----

Legal Description of Property Location: \_\_\_\_\_

Number of Community Reinvestment Area: \_\_\_\_\_

Effective Date of Local Resolution: Resolution 2014-133, as amended by Resolution 2015-021, 3/3/15

Verification of Construction (Cost): New Structure \_\_\_\_\_  
Remodeling \_\_\_\_\_

Project meets requirements for an exemption under ORC 3735.67

(A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

Project involves structure of historical or architectural significance: Yes  No

If YES, written certification of appropriateness of the remodeling has been submitted by the designating agency or authorized agent: Yes  No

Period of exemption for this improvement: \_\_\_\_\_

\_\_\_\_\_  
Date

(To be filed with County Auditor)

\_\_\_\_\_  
Signature of Village Administrator / Housing Officer

VILLAGE OF FAIRPORT HARBOR, OHIO