



PROPERTY TAX ABATEMENT APPLICATION

Department of Planning and Development

Property Owner

Company Name(s): _____

Principal Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Developer Information (If applicable)

☐ Please check if the Property Owner is the Developer. If not, please provide the Developer information below:

Company Name(s): _____

Principal Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Please note: Builder/ Developer applicants are required to submit the new buyer's information to the City as soon as the property is transferred.

Please attach a legal description of the below property.

Property & Project Information

Permanent Parcel Number: _____

Property Address: _____

Building Use (check one):

☐ Residential Single-family

☐ Residential Multi-family (Number of Units: _____)

☐ Commercial

Does the project involve a structure of historical and/or architectural significance? (check one):

☐ Yes (If yes, written evidence must be attached to this application by the designing agency or authorized agent.)

☐ No

Exemption sought for remodeling of (check one):

☐ Existing Structure

☐ New Structure

Was the property previously developed? (check one):

☐ Yes

☐ No



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Project Information

Please use the space below to describe the improvements made to the property:

Total Cost of Proposed Improvements: \$ _____ Date Project Was Completed: _____

Required Project & Cost Documentation

In addition to this application, the following supporting documentation must be submitted. The city may request or require additional documentation to review and process your application.

- Permit Documentation: Building Department Permit (s) associated with the improvements described above.
- Project Closeout Documentation: Final Inspections and approval for remodeling improvements for Certificate of Occupancy for additions and new constructions.
- Improvements and Resulting Value Documentation (check one):

☐ Submit the final contractor's invoice(s) for all rehabilitation work.

☐ Submit an itemized scope of work with all estimate costs, and submit before and after photos of all rehabilitation work.

Commercial Tax Abatements require City of Maple Heights City Council Approval.

If you have any questions about the supporting documentation, please contact the Planning and Development Department at (216) 587-9032.

Acknowledgement & Signature

Owner affirmatively covenants that it does not owe: (1) any delinquent taxes to the State of Ohio, City of Maple Heights, or a political subdivision of the State; and (2) any other moneys to the State of Ohio, a state agency or a political subdivision of the State of Ohio that are past due, whether the amounts are being contested in a court of law or not. I also understand that the granting of a tax abatement means that this property is subject to an annual inspection by the City of Maple Heights Housing Officer and that the tax exemption may be revoked if the property is not maintained due to neglect of the owner (ORC 3735.68). I understand that the tax abatement applies only to an increase in assessed property tax associated with the property improvements included in this application. Anyone falsifying information on this Residential Property Tax Abatement Application is guilty of falsification per Cod. Ord. Sec. 606.10(a)(5), a first-degree misdemeanor, punishable by a fine up to \$1,000 and a jail term up to 180 days.

Property Owner's Signature

Date



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For Office Use Only

- ☐ Application is complete with all Required Project and Cost Documentation attached.
- ☐ Application is incomplete or additional Required Project and Cost Documentation required.

Describe additional information needed: _____

- ☐ All final inspections have been performed and signed off on or a Certificate of Occupancy has been issued.
- ☐ Project includes structures of historical significance.
- ☐ If the project includes structures of historical significance, written certification is attached.

Total Cost of Improvements, as supported by documentation: _____

Length of Exemption: _____

Abatement Percentage: _____

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area in the City of Maple Heights, Ohio, as described in Ordinance 2020-39, passed by City Council on April 15, 2020.

Housing Officer Signature

Date