



COMMERCIAL PROPERTY TAX ABATEMENT APPLICATION

Planning and Development Department

Property Owner Information

Name(s): _____

Address: _____ City: _____ State: _____

Phone Number: _____ E-mail Address: _____

Developer Information (if applicable)*

☐ Check if the Property Owner is the Developer. If not, please provide the Developer Information below:

Name(s): _____

Address: _____ City: _____ State: _____

Phone Number: _____ E-mail Address: _____

*Please note, developer/builder applicants are required to submit the new buyer's information to the City as soon as the property is transferred.

Property and Project Information

Permanent Parcel Number*: _____ Property Address: _____

*Attach a legal description of the above property.

Building Use: ☐ Commercial-Retail ☐ Industrial ☐ Mixed-Use ☐ Other: _____

Does the project involve a structure of historical and/or architectural significance? ☐ Yes ☐ No
(If yes, written evidence must be attached to this application by the designating agency or authorized agent.)

Exemption sought for: ☐ Remodeling of Existing Structure

☐ New structure

For new structure, was the property previously developed? ☐ Yes ☐ No

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

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

Required Project and Cost Documentation

In addition to this application, the following supporting documentation must be submitted. The Housing Officer may request or require additional documentation to review and process your application. If you have any questions about the supporting documentation, please contact the Planning and Development Department at (216) 587-9032.

☐ **Permit Documentation:** Building Department Permit(s) associated with the improvements described above.

☐ **Project Closeout Documentation:** Final inspections and approval for remodeling improvements or Certificate of Occupancy for additions and new construction.

☐ **Improvements and Resulting Value Documentation (choose one):**

☐ Submit an itemized scope of work with all estimated costs, and submit before and after photos of all rehabilitation work; or

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



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Acknowledgement and 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 Commercial 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. I understand terms of all Commercial Property Tax Abatements are approved at the discretion of Maple Heights City Council and the Maple Heights City School District.

Property Owner's Signature

Date

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: _____

City Council Approval Resolution: _____

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's Signature

Date