



CITY OF BEXLEY

DEVELOPMENT DEPARTMENT

Community Reinvestment Area Tax Exemption Program Application

Name of Real Property Owner:

Street Address of Subject Property:

Tax Parcel ID:

Exemption Sought For:

New Structure

Remodel

Project Information:

Date of Project Completion:

Date of Occupancy Permit and Number:

Cost of Improvements:

Year You Would Like Abatement to Begin:

Does this project involve a structure of historical or architectural significance? (If yes, attach written certification of such by the designating agency or authorized agent.)

Yes

No

I hereby certify that the above information is correct to the best of my knowledge.

Authorized Signature

Date



CITY OF BEXLEY DEVELOPMENT DEPARTMENT

For Official Use Only

Description of Property:

Community Reinvestment Area Number:

Effective Date of Appropriate Local Resolution:

Verification of Construction:

New Structure

Remodel

Project meets requirements for an exemption under ORC 3735.67 (D)

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Project involves a 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 authorizing agent:

Yes

No

Period of Exemption for this improvement:

I certify that the projected described herein meets the necessary requirements for the Community Reinvestment Area Program in _____.

Housing Officer

Date

Date Filed with the County Auditor: