



# Neighborhood Revitalization Program Application

## Section One: to be filled out by applicant

Owner of Record: \_\_\_\_\_ Current Tax Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel ID No.: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Improvements to Property: \_\_\_\_\_ New Construction \_\_\_\_\_ Remodel/Rehab

\_\_\_\_\_ Interior \_\_\_\_\_ Exterior

Proposed/Existing Use of Property \_\_\_\_\_ Commercial \_\_\_\_\_ Residential

Estimated Start/End Date of Construction: \_\_\_\_\_  
Start End

Estimated Costs of Improvements: \$ \_\_\_\_\_

\_\_\_\_\_  
Owner of Record Signature Date

## Section Two: City Planning & Zoning Department Use Only

Date of Application Receipt: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

Is Property in a Plan Area of City? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Property Tax Statement Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

Property Tax Delinquent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Building Permit Application Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

Base Year Property Value: Land: \$ \_\_\_\_\_ Building: \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

**Section Three: For County Appraiser's Office Use Only**

Current Tax Year: \_\_\_\_\_

**Reappraisal of Property**

Zoning District: \_\_\_\_\_

**Base Year Appraised Value of Property**

Parcel ID No.: \_\_\_\_\_

Taxing Unit(s): \_\_\_\_\_

Land Use: \_\_\_\_\_

Land Value: \_\_\_\_\_

Building Value: \_\_\_\_\_

**Total Appraised Property Value:** \_\_\_\_\_

**Valuation Subject to Rebate:**

Taxing Unit(s): \_\_\_\_\_

Land Use: \_\_\_\_\_

Land Value: \_\_\_\_\_

Building Value: \_\_\_\_\_

**Total Appraised Property Value:** \_\_\_\_\_

**Tax Increment Available to Rebate:** \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Approved (Anderson County Appraiser's Office)

\_\_\_\_\_  
Date

**Apportionment of Rebate:**

	Mill Levy	Total Amount
Anderson County:	_____	_____
City of Garnett:	_____	_____
USD 365:	_____	_____
Total Tax Rebate:	_____	_____

Tax Increment:

Minus \_\_\_ 5% Processing Fee: \_\_\_\_\_

Net Rebate to Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Audited & Approved (Anderson Co Clerk's Office)

Date

**Section Four: For Anderson County Clerk Only**

Current Tax Year: \_\_\_\_\_

Order for Tax Rebate Garnett Neighborhood Revitalization Program  
Garnett, Kansas

Zoning District: \_\_\_\_\_

Parcel ID No.: \_\_\_\_\_

To: TREASURER OF ANDERSON COUNTY, KANSAS:

You are to rebate the taxes of \_\_\_\_\_ (owner of record) in the amount of \$\_\_\_\_\_, on account of the Garnett Neighborhood Revitalization Program for tax year \_\_\_\_\_ on property located in said County and described as set forth in the above parcel number and apportion the same to various funds as shown above.

\_\_\_\_\_  
Anderson County Clerk

\_\_\_\_\_  
Date

**Section Four: For Anderson County Treasurer Use Only**

Tax Statement Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Tax Status:

\_\_\_\_ Tax Not Paid

\_\_\_\_ 1<sup>st</sup> Half Tax Paid

\_\_\_\_ Tax Paid in Full

Rebate Approved and Sent: \_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_\_  
Anderson County Treasurer

\_\_\_\_\_  
Date