

**APPLICATION FOR TAX ABATEMENT UNDER THE URBAN
REVITALIZATION PLAN FOR**

MAXWELL, IOWA

Date _____

Prior Approval for
_____**Intended Improvements**

Approval of Improvements
_____**Completed**

Address of Property: _____

Legal
Description: _____

Title Holder or Contract Buyer: _____

Address of Owner (if different than above): _____

Phone Number (daytime): _____

Existing Property Use: ____Residential ____Commercial____Vacant

Proposed Property Use: _____

Nature of Improvements: __New Construction__ Addition__ General Improvements

Specify: _____

Estimated or Actual Date of Completion: _____

Estimated or Actual Cost of Improvements: _____

Tax Exemption Schedule is attached.

Signed: _____

FOR CITY USE:

Application Approved/Disapproved (Reason if Disapproved): _____

**CITY
COUNCIL**

Date: _____

Attested by the City Clerk: _____

ASSESSOR

Present Assessed Value: _____

Assessed Value w/Improvements: _____

Eligible or Noneligible for Tax Abatement: _____

Assessor _____ **Date:** _____