



Tax Abatement Program for Rehabilitation of Residential Structures

The Rehabilitation work must increase the property's assessed value by at least 20% if fewer than five units and 40% if five or more units.

Owner _____

Date of Application _____

Property Address _____

Date Built _____

(Structure must be 15 years old or older)

Detailed Description of Rehabilitation Work:

Estimated Cost of Rehabilitation: \$ _____

***THE COST OF REHABILITATION DOES NOT
NECESSARILY EQUAL INCREASE IN ASSESSED VALUE.

Do you understand that renovation SHALL NOT include demolition and replacement of existing property?

Yes _____ No _____

Do you understand that the application fee is NON-REFUNDABLE?

Yes _____ No _____

Do you understand that the work SHALL NOT begin until receipt of approval letter and all work must be complete within three years from the date of the approval letter?

Yes _____ No _____

Are all property taxes current?

Yes _____ No _____

Do you understand that the property will be immediately removed from the program if the taxes are not paid for 30 days, or the property is not in compliance with the Norfolk City Codes?

Yes _____ No _____

Have you previously applied for participation in the Tax Abatement Program for Rehabilitated Structures? If yes, please list the address in the space below.

Yes _____ No _____

I certify that the information supplied in this application is complete and true to the best of my knowledge.

Owner Signature _____

Date _____

Mailing Address _____

Home Phone _____

Email Address _____

Work Phone _____

Contact _____

Phone _____

For Office Use Only: Date Received: _____

Acct. Number: _____

Fee Paid: _____

HTE Number: _____

Receipt: _____

Interior Only: _____

Zoning Yes _____ No _____ Signature _____ Date _____

Planning Yes _____ No _____ Signature _____ Date _____

Treasurer Yes _____ No _____ Signature _____ Date _____

Appraiser Yes _____ No _____ Signature _____ Date _____