



## 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 \_\_\_\_\_