

Community Reinvestment Area Tax Exemption Program - Area #2
City of Defiance

Name of Political Subdivision
(To be filed with the appropriate Housing Officer)

1. _____ PH: _____
Name of Real Property Owner
2. _____
Address of Subject Property
3. Exemption sought for: new structure _____ Labor Cost \$ _____ Material Cost \$ _____ Total \$ _____
remodeling _____ Labor Cost \$ _____ Material Cost \$ _____ Total \$ _____
4. Description of Project: _____
5. Date of project completion: _____ (Application *must* be submitted within six months after project is finalized.)
6. Does this project involve a structure of historical or architectural significance? Yes _____ No _____
(If yes, attach written certification of such by this designating agency or authorized agent.)

Date

Signature of Property Owner

**NOTE: ALL ABOVE INFORMATION MUST BE COMPLETE BEFORE
APPLICATION CAN BE ACCEPTED.**

FOR OFFICIAL USE ONLY

1. Legal Description of Property Location:
2. Effective Date of appropriate Local Resolution:
3. Verification of construction: new structure _____
remodeling _____
4. Project involves 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 authorized agent: Yes _____ No _____
5. . Project meets requirements for an exemption under ORC 3735.67. Period of Exemption for this improvement:
Remodeling: _____ 7 years at 100% for remodeling of one and two family structures over \$2,500.
_____ 7 years at 100% for remodeling of dwellings of three or more families. Minimum
investment is \$5,000.
_____ 7 years at 100% exemption for commercial and industrial projects. Minimum
investment is \$5,000.
New Construction:
_____ 7 years at 100% for construction of new dwellings, commercial or industrial
structures

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program in the City of Defiance, Ohio.

Date

Signature of Housing Officer

NOTE: ORIGINAL APPLICATION TO BE FILED WITH COUNTY AUDITOR.