

Marshall County
INFILL HOUSING REVITALIZATION PROGRAM

Application # _____

Application Fee: \$25.00 (payable to Marshall County)

Owner's Name: _____

Phone #: _____

Owner's Mailing Address: _____

Property Address: _____

Legal Description of the Property: _____

Building Permit No. (if Applicable) _____

Parcel Identification Number: _____

Tax ID# _____

Proposed Property Use:

Residential: _____ Residence _____ Other (Explain) _____

_____ Single Family _____ Multi-Family _____ # of units

Demolition Plan (if proposed): _____

Proposed Improvement Description (you may reference an attached development plan)

Estimated Cost of Improvements: Total \$ _____

Estimated Date Construction Will Begin: _____ Estimated Completion Date of Construction: _____

County Appraiser's Statement of Appraised Value: _____

Applicant agrees and acknowledges that: (a) Applicant has received, read and understands the criteria for qualification and the procedure to be completed to qualify, (b) Applicant will follow all required procedures, (c) within 15 days of completion of the application, the County Clerk will notify application whether the application was approved, (d) construction may not begin until approval has been provided (e) the construction project must be completed within one year from the application date (f) **if the completed project does not raise the value of the property by a minimum of \$25,000.00, the subject property will NOT be eligible for a rebate** (g) **they are not eligible to remain in the program if their taxes are not paid in full by May 10th in any year of the program and no rebate check will be issued for that year or any subsequent year.**

Under penalty of perjury, I hereby state that all information contained in the above Application is true and correct.

Owners Signature

Date

Approved

Not Approved Reason(s) _____

By _____ Date _____

City Official

Approved

Not Approved Reason(s) _____

By _____ Date _____

Marshall County Commissioners