
Please check one of the following that best describes the construction of the property.

All Contractor Built Pre-built Unit moved on site Modular Building Owner Built

Contractor Built w/Owner participation (% of participation _____ Hours _____ Value _____)

Other _____

NEW RESIDENTIAL (complete all that apply)

Story Height _____ Basement Size _____ Heating/Cooling _____

Square feet of Finished Area: Ground Floor _____ Upper Floor _____ Basement _____ Building _____

#of Bedrooms _____ # of Bathrooms _____ Square feet of Unfinished Area _____ Paving/Concrete _____

Framing Material _____ Exterior Wall Material _____ Roofing Material _____

Describe Improvements

RESIDENTIAL REMODEL (complete all that apply)

Square Feet of Area Added _____ ()Basement ()Ground Floor ()Upper Floor

Area to be Remodeled ()Living Room ()Dining Room ()Bedroom ()Bathroom ()Kitchen ()Basement
()Other _____

Area to be Added ()Living Room ()Dining Room ()Bedroom ()Bathroom ()Kitchen ()Basement
()Garage ()Outbuilding ()Other _____

Framing Material _____ Exterior Wall Material _____ Roofing Material _____

Heating/Cooling _____ Paving/Concrete _____

Describe Improvements

AGRICULTURAL/COMMERCIAL (complete all that apply)

Agricultural _____ or Commercial _____

NEW _____ or REMODEL _____, if remodel what area _____

Type of Building _____ Use of Building _____

Building Dimensions _____ Exterior Wall Material _____

Wall Height _____

Describe Improvements

I have read and do hereby agree to follow all the application procedures and criteria. I have not started any construction prior to making this application. I understand a final itemized statement of costs will need to be turned in when I have completed by project, this will be necessary to receive my rebate. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project.

Signature of Owner

Date

**SHERMAN COUNTY
NEIGHBORHOOD REVITALIZATION PLAN
TAX REBATE APPLICATION
PART C**

Residential; Agricultural; Commercial

STATUS OF CONSTRUCTION COMPLETION

Owner's/Business Name _____

Proposed Property _____ Parcel # _____

Original Application Date _____

_____ Incomplete Project as of January 1, 20____, following commencement.

_____ Complete Project as of January 1, 20____, following commencement.

The Construction project applied for was considered complete on _____

*An itemized statement of costs will need to be turned in, this will be necessary to receive the rebate.

If the project is partially complete you will need to complete and return Part C before December 15____. If the project is complete you will need to complete and return Part C and also provide the final itemized costs of the project before December 1 _____.

Please Note Failure to provide documentation in a timely manner could result in termination of the program.

Owner's Signature _____ Date _____