

CITY OF OSCEOLA, IOWA
APPLICATION FOR TAX ABATEMENT UNDER THE CITY-WIDE URBAN
REVITALIZATION PLAN

Titleholder/Owner _____

Address of Property _____

Legal Description _____

Address of Owner (If different than above) _____

Telephone Number _____

Building Permit Number _____ **Date Issued** _____

Is the existing property being used as: Residential Commercial Industrial Vacant
(Please circle one)

When the improvements are complete, will the property be used as:
Renter Occupied Residence or Owner Occupied Residence
(Please circle one)

Rental Residence:

How many units are in the structure? _____

What is the estimated or actual date of the completion? _____

What is the estimated date of occupancy? _____

What is the estimated or actual cost of the improvements? _____

What is the nature of the improvements? _____

Have you contacted the County Assessor regarding the improvements? _____

OR

Improvements to Owner Occupied Residence:

What is the Estimated or actual date of completion? _____

What is the estimated or actual cost of the improvements? _____

What is the nature of the improvements? _____

Have you contacted the County Assessor regarding the improvements? _____

OR

Commercial/Industrial Property:

What is the estimated or actual date of completion? _____

What is the estimated or actual cost of the improvements? _____

What is the nature of the improvements? _____

Have you contacted the County Assessor regarding the improvements? _____

- Option 1: 3 years, 100% tax abatement
- Option 2: 10 year, graduated scale
 - Year 1: 80% Year 2: 70%
 - Year 3: 60% Year 4: 50%
 - Year 5: 40% Year 6: 40%
 - Year 7: 30% Year 8: 30%
 - Year 9: 20% Year 10: 20%

Signed: _____ Date: _____

For City Use Only

Application **Approved** or **Disapproved** by the Osceola City Council on
_____, 20____ under Resolution # _____

(Signature)