

# APPLICATION FOR PARTIAL TAX EXEMPTION

**Application Fee: \$250.00**

Parcel Identification Number (PIN): \_\_\_\_\_

Qualifying Building Permit #: \_\_\_\_\_

Program Application #: \_\_\_\_\_

## TYPE OF PROGRAM

Partial Tax Exemption for Rehabilitated Structures (City Code § 98-148, et seq.)

Partial Tax Exemption for Redevelopment & Conservation Areas and Rehabilitation Districts (City Code § 98-263, et. seq.)

\*This application may require narrative attachments

**I hereby submit this application for consideration of partial exemption from real estate taxes as provided in the appropriate Richmond City Code section:**

Owner of Record: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Is this property located in a Designated Enterprise Zone?  Yes  No

Is this property located in a Conservation/Redevelopment District?  Yes  No

Is this property located in a Registered Historic District?  Yes  No

Is this property a Registered Virginia Landmark?  Yes  No

**Property History:** Date Built: \_\_\_\_\_ Year of Prior Rehabilitation: \_\_\_\_\_

Current Property Use: \_\_\_\_\_

Proposed Property Use:  Commercial, Industrial  Multi-Use as required by Dept. of Planning

Proposed Rehabilitation Cost: \_\_\_\_\_

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Are you submitting building plans?  Yes  No If yes:  Hardcopy  Digital

Are you submitting projected I&E statements for income-producing property?  Yes  No

\*These items may be required to complete the Base Value or Final Value

**Provide a full description of exterior rehabilitation work to be done:  
(Attach narrative if necessary)**

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**Provide a full description of interior rehabilitation work to be done:  
(Attach narrative if necessary)**

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## PROGRAM GUIDELINES

**Initial:**

- 1. At least one active building permit must exist before the initial application is approved. \_\_\_\_\_
- 2. This application fee is non-refundable after the application has been processed. \_\_\_\_\_
- 3. An inspection must be made by a city appraiser prior to beginning rehab work. \_\_\_\_\_
- 4. Qualifying work must be completed no later than 36 months from date of application. \_\_\_\_\_
- 5. Rehab projects under construction will be partially assessed each January until final. \_\_\_\_\_
- 6. A tax parcel may have only one approved application or credit at any given time. \_\_\_\_\_
- 7. Qualifying additions must be an integral part of the original structure. \_\_\_\_\_
- 8. City ordinance does not provide for any extension(s) of application time. \_\_\_\_\_
- 9. The Early Release Form must be received/signed by the City Assessor prior to January 1 if the owner wishes to advance start the rehab credit. \_\_\_\_\_
- 10. After Final Value qualification, the credit begins on the next January 1st land book. \_\_\_\_\_
- 11. If any exterior rehabilitation on structures located within a designated historic district, registered as a Virginia Landmark, or deemed contributing to either, violates standards set by the Commission of Architectural Review, the rehab application will be voided. \_\_\_\_\_
- 12. The value determination(s) made by the City Assessor shall be final unless appealed within 30 days of such notification letter. The applicant may appeal by submitting a supported appraisal. Appraisals are subject to professional review. \_\_\_\_\_
- 13. I acknowledge that I have received a copy of the city ordinance and that I am Responsible for requesting a written response to any question that I may have regarding the proper execution of the ordinance requirements. \_\_\_\_\_
- 14. I have read these Program Guidelines and asked for clarification on any questions I do not understand. \_\_\_\_\_

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## CERTIFICATE OF APPLICATION

I certify that the statements contained in this application are both true and correct; that I have read and understood the guidelines of this program, and received written responses to any questions I may have regarding this ordinance.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

Owner  Agent \_\_\_\_\_ (signature)  
\_\_\_\_\_ (printed name)

## CONTACT INFORMATION

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## OFFICE USE ONLY

Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Qualifying Building Permit #: \_\_\_\_\_

Date this application and permit application were received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CONTACT



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