

APPLICATION FOR PARTIAL TAX EXEMPTION

Application Fee: \$250.00

Parcel Identification Number (PIN): _____

Qualifying Building Permit #: _____

Program Application #: _____

The Commercial Real Estate Tax Abatement Program provides a partial real estate tax abatement to incentivize structural improvements to existing commercial and industrial buildings that are at least 20 years old. This program allows property owners to invest in upgrades while temporarily reducing their real estate tax burden, making improvements more financially feasible.

I hereby submit this application for consideration of partial exemption from real estate taxes as provided in the appropriate [Richmond City Code § 26-601](#), et seq.

Owner of Record: _____

Location of Property: _____

Is this property located in a [Designated Enterprise Zone](#)? 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)**

**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 read the city ordinance ([City Code Chapter 26 Article 5 Division 11](#)) 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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