

CITY OF COLUMBIANA
COMMUNITY REINVESTMENT AREA NUMBER 099-17036-204
TAX EXEMPTION PROGRAM APPLICATION
(FORM 1)

Print or type the following:

Property owner(s) name (s) as found on tax duplicate.

Last Name	First Name	Middle Initial	Phone Number
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Last Name	First Name	Middle Initial	Phone Number
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Address of Improved Property (number and street)

Parcel Number

Legal Description of Property as Found on Tax Duplicate

Type of Abatement being requested.

- New Structure Remodeling
 Residential (Units) Commercial Industrial

Describe your project and or improvements: _____

City of Columbiana Building Permit No. _____

Completion date of your project _____

Cost of your project _____
(Please attach copies of receipts, materials invoices, contractor invoices, cancelled checks, etc.)

I hereby certify that all information on, and attachments to, this application are true and correct to the best of my knowledge.

Date

Applicant's Signature

Applicant's Signature

Telephone Number of Applicant

FOR OFFICIAL USE ONLY

Project meets requirements for exemption under Ordinance No. 18-O-2979.

- Residential (Units) Commercial Industrial
 a. b. c. d. e.

Period of Exemption for this improvement: _____ years.

I hereby certify that the project described herein meets the necessary requirements for the Community Reinvestment Tax Exemption Program for the City of Columbiana, Ohio under Ordinance No. 18-O-2979 passed on September 4, 2018, and effective September 4, 2018 according to Ohio Revised Code Sections 3735.65 through 3735.70.

Date

Housing Officer
City of Columbiana