

City of North Olmsted

5200 Dover Center Road * North Olmsted, Ohio 44070-3129
Phone: (440) 777-8000 * Fax: (440) 777-5889

Building Department

Dale Mitchell, Building Commissioner

Kevin M. Kennedy, Mayor

COMMUNITY REINVESTMENT AREAS APPLICATION FOR TAX EXEMPTION

TO: CUYAHOGA COUNTY AUDITOR

DATE: _____

Please supply the following information:

1. Name of property owner, address, contact person and telephone number:

2. Project location: _____

3. Estimated cost of remodeling: \$ _____

4. Estimate of project commencement and completion: _____

Project involves historical or architectural significance:

No, structure is not of historical or architectural significance.

Yes, structure is of historical or architectural significance and written Certification of Appropriateness has been submitted.

(Please attach copy of building permit.)

SUBMISSION STATEMENT

The undersigned hereby certifies that the foregoing information is true and correct as of the date hereof. The undersigned further agrees to provide such additional information as the City of North Olmsted, or any of its agents, employees or officers, may reasonable request.

(signature and date)

FOR OFFICIAL USE ONLY

| | |
|--------------------------|-------------------|
| PERMANENT PARCEL NUMBER: | _____ |
| BUILDING PERMIT NUMBER: | _____ DATE: _____ |
| DATE PROJECT COMPLETED: | _____ |
| DATE OF CERTIFICATION: | _____ |
| PERIOD OF TAX EXEMPTION: | _____ |

PURSUANT TO SECTION 3735.67-70 OF THE OHIO REVISED CODE, I CERTIFY THAT THE PROJECT DESCRIBED HEREIN HAS BEEN COMPLETED AND ALL COSTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.