APPLICATION

COMMUNITY REINVESTMENT AREA TAX EXEMPTION PROGRAM

VILLAGE OF OTTAWA

(To be filed with the Village Housing Officer)

1. _____
   Name of Real Property Owner or Business

2. _____
   Address of Real Property to be exempted

3. _____
   Lot Number & Subdivision

4. _____
   Mailing Address if different than item 2

5. Exemption sought for: New Structure _____ Remodeling _____

   Amount of Investment _____

6. Date of project completion _____

7. Parcel Number _____ Tax District Number _____

8. Does this project involve a structure of historical or architectural significance?
   Yes_____ No_____

   If yes, attach written certification of such by the designating agency or authorized agent.

_____ _____
Date Signature of Property Owner

CERTIFICATION BELOW TO BE COMPLETED BY THE HOUSING OFFICER

1. Length of exemption: _____
2. Exemption percentage: _____**100%**_____
3. Number of Community Reinvestment Area: _____**137-58982-107**_____
4. Effective Date of Appropriate Local Resolution: ___**11/24/2014**_____
5. Verification of Construction: New Structure _____Remodeling_____
6. Project meets requirements for an exemption under O.R.C. # 3735.67
   (D) (1) [remodeling R 1-2 units, commercial, or industrial] _____
   (D) (2) [remodeling R 2 or more units, commercial, or industrial] _____
   (D) (3) [new construction residential, commercial, or industrial] _____

_____ _____
Date Signature of Housing Officer

Revised 3/07