

A confirmation number is issued by the City upon receipt of this application. This application is not effective and not considered filed until the confirmation number has been issued.

Retain the confirmation as your proof of filing.

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

Confirmation Number 10- \_\_\_\_\_

# 2010

## Tax Abatement Application – Des Moines, Iowa

<b>Property &amp; Owner/ Authorized Agent Info</b>	Address: _____	
	Legal description: _____	
	Polk Co. Assessor's District & Parcel #: _____ (Go to: <a href="http://www.assess.co.polk.ia.us/">http://www.assess.co.polk.ia.us/</a> )	_____ district _____ parcel #
	Title holder or contract holder name: _____	
Address of owner if different than above: _____		
Authorized Agent: _____ Phone #: (____) _____		
<b>Property Classification</b>	<input type="checkbox"/> Residential	<b>Owner-Occupied?</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex or Triplex <input type="checkbox"/> Condo or Townhouse
	<input type="checkbox"/> Commercial	<b>Renter-Occupied?</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex or Triplex <input type="checkbox"/> Condo or Townhouse <input type="checkbox"/> Multi-Family
	<input type="checkbox"/> Industrial	
<b>Project Type</b>	<input type="checkbox"/> New structure <input type="checkbox"/> Addition <input type="checkbox"/> Renovation	
<b>On City Sewer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Describe Improvements</b>	_____	
<b>Completion Date</b>	_____ <input type="checkbox"/> Estimated date <input type="checkbox"/> Actual date <i>month / year</i>	
<b>Est. Cost of Improvements</b>	\$ _____	
<b>Abatement Schedule</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4A <input type="checkbox"/> 4B <i>See reverse side for schedule information</i>	
<b>Tenant Information</b>	If project was residential, were there tenants when project started? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", complete "Tenant Relocation" information required on back page of this form.	

<b>Mail or return to</b>	<b>Questions</b>	<b>Submitted by</b>
City of Des Moines / Permit Center 602 Robert Ray Dr. Des Moines, IA 50309	Phil Poorman at 515-283-4751 or <a href="mailto:prpoorman@dmgov.org">prpoorman@dmgov.org</a>	I certify these statements are true to the best of my knowledge.
		_____ Signature
		_____ Date

**Mail or return application by February 1, 2011 to**

City of Des Moines Permit Center

602 Robert Ray Dr.

Des Moines, IA 50309

**Property Tax Abatement Schedules Information**

<i>Choose a Schedule</i>	<i>Use</i>	<i>Must increase building assessment by: Residential: at least 5% Commercial: at least 15%</i>  <i>Amount eligible for abatement</i>	<i>How much of improvement's value is abated?</i>	<i>Improvement must qualify with applicable zoning, building and fire codes. Commercial and industrial uses must be in an approved tax abatement area.</i>  <i>Where?</i>
<b>1</b> (for residential new, addition, renovation)	Residential Only	Up to \$20,000	115% for 10 years	<u>Residential:</u> Anywhere in city with appropriate zoning.
<b>2</b> (new construction, major improvements and renovation)	Residential, Commercial and/or Industrial	No limit	1 <sup>st</sup> year - 80% 2 <sup>nd</sup> year - 70% 3 <sup>rd</sup> year - 60% 4 <sup>th</sup> year - 50% 5 <sup>th</sup> & 6 <sup>th</sup> year - 40% 7 <sup>th</sup> & 8 <sup>th</sup> year - 30% 9 <sup>th</sup> & 10 <sup>th</sup> year -20%	<u>Residential:</u> Anywhere in city with appropriate zoning.  <u>Commercial and Industrial:</u> Must be in a specified tax abatement area.
<b>3</b> (new construction, major improvements and renovation)	Residential, Commercial Industrial	No limit	100% for 3 years	<u>Residential:</u> Anywhere in city with appropriate zoning. <u>Commercial and Industrial:</u> Must be in a specified tax abatement area.
<b>4A</b> (new construction, major improvements and renovation)	Residential & Commercial with 75% of space for residential	No limit	100% for 10 years	Must be in a specified area (generally located in the downtown and near-downtown area).
<b>4B</b> (new construction, major improvements and renovation)	Residential & Commercial (75% of space is residential)	No limit	100% for 5 years	Anywhere in city. <u>Not</u> permitted in area generally west of the airport where public sewer is unavailable.

**2010**

**Tenant Relocation Information**

**Only required if project is renovation of rental residential property**

**Tenant Relocation:** If this project is rehabilitation of residential rental property, list the tenant's name, the date the tenant occupancy began and relocation benefits paid to each tenant. Attach information on additional paper.

<i>Tenant Name</i>	<i>Unit #</i>	<i>Date Tenancy Began</i>	<i>Relocation Benefits</i>	
			<i>Amt. Paid</i>	<i>Date of Paid</i>