

APPLICATION
FOR
COMMUNITY REINVESTMENT TAX EXEMPTION PROGRAM
CITY OF
SALEM AREA
South-Area No.
029-69834-03

1.

Real Property Owner (as found on tax duplicate) Please Print

Represented by (corporate officer, etc.) Please Print Title

2.

Address of subject property (number & street) Please Print

3.

Legal description of property (lot & addition, etc. found on tax duplicate) Please Print

#51- Parcel number (see tax duplicate)

5. Exemption sought for: New structure Remodeling

6. Residential (Units)

7. Description of Project:

8. Cost Value of project:\$

9. Date project will be completed:

10. Optional Questions: Gross Annual Household Income

Number of Individuals under 18 that will reside in the home

11. Does this project involve a structure of historical or architectural significance?

If "yes", please attach a written "certificate of appropriateness"for the remodeling, by the designating agency or authorized agent.

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

Date Signature(s) of owner(s) in Item #1 or Authorized Officer(s)

Below For Office use Only

1. Project meets requirements for exemption under Resolution #810303.16 Section 4:

A _____ B _____ C _____

2. 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 Salem, Ohio under Resolution #220215-15 passed 2-15-22 and effective 5-17-22 according to ORC# 3735.65 to #3735.70.

Date

Chip Hank, Planning & Zoning Officer, City of Salem, Ohio 330-332-4241 Ext 3

Filed with Columbiana County Auditor:

Annual Inspection Dates

