

**CITY OF ABILENE****NEIGHBORHOOD REVITALIZATION PROGRAM APPLICATION**

*INSTRUCTIONS: Fill out this form completely. Before your project begins, get the Pre-Improvement Value Certified by the County Appraiser. For interior projects, collect all receipts. At the end of the project, turn in Completed Application with attached Documents and receipts to the Planning and Zoning Director for signature. It is your responsibility to ensure this form is turned into the County.*

**GENERAL INFORMATION**

PROJECT ADDRESS OR GENERAL LOCATION (IN RELATION TO NEAREST STREETS):

 NEW COMMERCIAL CONSTRUCTION NEW RESIDENTIAL CONSTRUCTION ADDITION/IMPROVEMENT OF  
EXISTING COMMERCIAL STRUCTURE ADDITION/IMPROVEMENT OF EXISTING  
RESIDENTIAL STRUCTURE

BRIEF DESCRIPTION OF IMPROVEMENTS BEING MADE:

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**APPLICANT INFORMATION**

APPLICANT/AGENT\*:

Name: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

*\*This Application must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this Application.*

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION** Copy of Deed Building Permit Certificate of Occupancy**PRE-IMPROVEMENT VALUE CERTIFICATION**

Value of existing primary structure improvements: \$ \_\_\_\_\_

Value of the land on which the improvements are situated: \$ \_\_\_\_\_

Date: \_\_\_\_\_

I certify that the pre-improvement values indicated on the previous page are those certified by Dickinson County

for the current tax year as of the date of this certification.

\_\_\_\_\_  
Signature of County Appraiser

\_\_\_\_\_  
Date

## PART II: IMPROVEMENT COMPLETION

As of January 1<sup>st</sup>, 20 \_\_\_\_, the improvements for the project are found to be:

Complete     Abandoned     Ineligible

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Planning and Zoning Director

\_\_\_\_\_  
Date