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Application Fee
RESIDENTIAL $125.00
OTHERS $250.00
(This Fee is Non-Refundable)

Tax Exemption Application #_____

City of Richmond, Virginia
Application for Tax Exemption for Rehabilitated Structures

(See Supplement – Requirement for Exemption)

Phone: 804-646-5600

To: Department of Community Development
Commissioner of Buildings
900 East Broad Street – Room 110
Richmond, Virginia 23219

Filed in Conjunction With Applications for Permits:
_____
_____
_____

I hereby request partial exemption from real estate taxes for qualifying property to be rehabilitated as provided in Section 98-132 through 98-141 of the Richmond City Code of 2006, as amended.

Owner: _____

Location of Property: _____

Is Property located in a City Council designated:

Conservation District? _____
Enterprise Zone? _____
Redevelopment District? _____

I certify this property is [ ] is not [ ] (check the appropriate box) a registered Virginia Landmark.

I certify this property has [ ] has not [ ] (check the appropriate box) been determined by the Department of Historic Resources to contribute to the significance of a registered historic district.

Does this property have any known historical significance?
Explain: _____
_____
_____

Date Built: _____ Estimated Cost of Rehabilitation: $ _____

Check One: [ ] Residential [ ] Commercial or Industrial

Description of Work: _____
_____
_____

I certify that the statements contained in this application are, to the best of my knowledge, both correct and true.

Given under my hand this _____ day of _____, _____
(Month) (Year)

Owner or Agent _____ _____
(Printed Name) (Signature)

Mailing Address _____
_____
Telephone Number: Day: _____ Evening: _____

*****DO NOT START REHABILITATION UNTIL THE CITY APPRAISER HAS INSPECTED THE PROPERTY*****
*****This fee is not refundable*****

How did you find out about this program? (Check One)
[ ] Television [ ] Utility Bill [ ] City Agency [ ] Newspaper [ ] Other _____
Would you have rehabilitated your property if this program was not in place? [ ] Yes [ ] No

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OFFICE USE ONLY:

1. **Fee paid $ _____ Receipt Number _____**
2. **Date this application and permit application received by the Commission of Buildings: _____**
3. **Date this application received by the City Assessor from the Commissioner of Buildings: _____**
4. **Are plans attached? [ ] Yes [ ] No**