



HOUSING COMMUNITY REINVESTMENT AREA TAX EXEMPTION PROGRAM
VILLAGE OF JACKSON CENTER

Village of Jackson Center CRA Agreement Number _____ - _____
(Assigned by the Housing Officer)

1. _____
Name of Property Owner (please print)

2. _____
Address of Subject Property

3. Supply **Subdivision Name** of Property Location: _____

4. Supply **Parcel Number** of Property Location: _____

5. Exemption sought for: New Structure _____

Remodeling _____

6. Identify: Building type _____

Size (Approx. Sq. Ft.) _____

Cost _____

Location _____

Attach diagram showing building size on lot, or addition of remodeling.

7. Date of Project Completion _____

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



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Village of Jackson Center Use Only

1. Is Legal Description of Property Location attached? Yes _____ No _____
2. Number of Community Reinvestment Area: _____ effective _____
Village Ordinance 96-18 dated August 19, 1996
3. Effective date of appropriate Local Ordinance: September 19, 1996
4. Verification of Construction: New Structure _____
Remodeling _____ (cost) \$ _____
5. Project meets requirements for an exemption under ORC 3735.67 (A) _____
(B) _____
(C) _____
6. Project involves structure of historical, or architectural significance:
Yes _____ No _____

If yes, written certification of appropriateness or the remodeling has been submitted by the
designating agency, or authorized agent: Yes _____ No _____
7. Period of Exemption for this Improvement: _____
8. Supplementary Agreement part of Application? Yes _____ No _____
If yes, attach copy of supplementary agreement.
9. Date filed with the County Auditor: _____

I, hereby certify the project described herein meets the necessary requirements for the
Community Reinvestment Area Program for the Village of Jackson Center.

Date

Signature of Housing Officer



HOUSING COMMUNITY REINVESTMENT AREA TAX EXEMPTION PROGRAM
VILLAGE OF JACKSON CENTER

Jackson Center School District Use

_____ No Comment

Village of Jackson Center Use

_____ Comment (attached)

Date Mailed _____

Date Received _____

Signature

Jackson Center Local School District
School District

Name (*Printed*)

Date

Title

Upper Valley Career Center Use

_____ No Comment

Village of Jackson Center Use

_____ Comment (attached)

Date Mailed _____

Date Received _____

Signature

Upper Valley Career Center
School District

Name (*Printed*)

Date

Title