

**Application for Community Reinvestment Area Tax Exemption Program
City of Salem – AREA #1**

Real Property Owner (as found on tax duplicate) PLEASE PRINT

Represented by (corporate officer, etc.) PLEASE PRINT

Title

Address of subject property (number and street) PLEASE PRINT

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

#51-

Parcel Number (see tax duplicate)

Exemption sought for: New Structure Remodeling
Residential _____ Units Commercial Industrial

Description of Project

Cost value of project \$ _____

Date project will be completed: _____

Does this project involve a structure of historical or architectural significance? Yes No

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.

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

Below For Office Use Only

Project meets requirements for exemption under Resolution #810303-16 Section 4

A. _____ B. _____ C. _____

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 #810303-16 passed 3/3/81 and effective 4/3/81 according to ORC 3735.65 – 3735.70.

Chip Hank, Planning and Zoning Officer, City of Salem, Ohio 330-332-4241 Ext. 1021

Date

Filed with Columbiana County Auditor _____

Annual Inspection Dates

1. _____ 4. _____ 7. _____ 10. _____ 13. _____

2. _____ 5. _____ 8. _____ 11. _____ 14. _____

3. _____ 6. _____ 9. _____ 12. _____ 15. _____