

City of Canton, Ohio
Office of the Mayor
(330) 438-4306

COMMUNITY REINVESTMENT AREA TAX ABATEMENT – COMMERCIAL/INDUSTRIAL APPLICATION

Date Received: *(office use only)* _____ Application # *(office use only)* _____

An application fee of \$375 made payable in the form of a check to the City of Canton is due upon submission of your application.

1. Name of Real Property Owner: _____

2. Name of Business: _____

3. Contact Person: _____

4. Property Address: _____

5. Tax Mailing Address (if different from #4): _____

6. Phone Number: _____

7. Exemption sought for: New Construction Qualifying Improvements

8. Building Use: Commercial Business Industrial

9. Estimate of Construction or Improvement Cost: _____

10. Parcel Number: _____

11. Description of Proposed Work (attach additional information if you need more space)

12. For structures of historical or architectural significance, attach evidence that the appropriateness of the remodeling has been certified in writing by an authorized person or organization.

13. Property Owner Certification: I certify that the above, and any attached information, is true and correct to the best of my knowledge. I certify that I do not owe or am associated with any entity which owes;

- a. Any delinquent taxes to the State of Ohio or a political subdivision of the State including any delinquent real or tangible personal property taxes including tax for which it is liable under chapters 5733, 5735, 5739, 5741, 5747 or 5753 of the Ohio Revised Code or if such delinquent taxes are owed, it currently is paying the delinquent taxes pursuant to an undertaking enforceable by the State of Ohio or an agent or instrumentality thereof, has filed a petition in bankruptcy under 11 U.S.C.A. 101, et seq. or such a petition has been filed against him. For purposes of this certification, delinquent taxes are taxes that remain unpaid on the latest day prescribed for payment without penalty under the chapter of Revised Code governing payment of those taxes.
- b. Any delinquent monies to the State of Ohio or a State Agency for the administration or enforcement of any environmental laws of the state.

- c. Any indebtedness of any nature to the City which is delinquent, including but not limited to the payment of any outstanding judgements, liens, grant or loan obligations, utility bills for water, sewer and sanitation services, income taxes (to include mandatory wage withholding) and real estate taxes and assessments for any properties owned by the Property Owner within the City.

I also understand that the granting of a tax abatement means that this property is subject to an annual inspection by the City of Canton Housing Officer and that the tax exemption may be revoked if the property is not maintained due to neglect of the owner. I understand that the tax abatement applies only to an increase in assessed property tax associated with the property improvements included in this application.

14. Property Owner's Signature: _____

15. Applicant's Phone Number: _____ **Date Application Completed:** _____

16. Applicant's e-mail: _____

Please complete the application and return to:

City of Canton, Mayor's Office CRA Tax Abatement 218 Cleveland Ave. SW 8th Fl. Canton, OH 44702

DO NOT WRITE BELOW

- A. Legal description of property: _____
Parcel number: _____
- B. Permit number: _____
- C. Length of exemption: _____ years
- D. Abatement percentage: _____ %
- E. Effective Date: _____
- F. Verification of proposed cost: _____ new construction
_____ qualifying improvements
- G. Community Reinvestment Area # _____
- H. Project meets ORC 3735.67: A B C
- I. Project includes structures of historical significance: Yes No
- J. If yes, written certification has been submitted: Yes No
- K. Project has affected School District approval: Yes No
- L. **Housing Officer Certification:** I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program in the City of Canton, Ohio.

Housing Officer Signature: _____ Date: _____

Date forwarded to SC Auditor: _____

Date received by SC Auditor: _____