

APPLICATION FOR DESIGNATION REVITALIZATION AREA REAL ESTATE PROPERTY

This application needs to be completed and signed by the owner of the property where redevelopment or rehabilitation is to occur. It should then be submitted along with a site plan, a complete set of elevations and the proper application fee, to the Anderson Economic Development Department, Room #105, City Hall.

Explanation of the Tax Abatement Program and assistance in completing the application may be obtained from the Economic Development Department in City Hall. The Telephone number is (765) 648-6112.

1. Address or Location of Property: _____

2. Township: _____

3. Current Zoning: _____

4. Legal Description: _____

5. Property Owner(s):
- A) _____
 - B) _____
 - C) _____
 - D) _____
 - E) _____

6. Owner(s) Adress:
A) _____
B) _____
C) _____
D) _____
E) _____
7. Name of Owner(s) Representative (if any) _____
Address: _____
Telephone: _____
8. Is Zoning Variance Needed: _____
9. Is Rezoning Needed: _____
10. Is property served by? City Water _____ City Sewer _____
11. Size of Property (in square feet or, if a large tract, in area) _____
12. Current use of Property:
- A) How is the property presently used? _____

- B) What structure(s), if any, are on the property? _____

- C) What is the condition of such structure(s)? _____

13. Property Tax Assessments and Payment:
- A) Amount of last total property assessment _____
B) Amount of last land assessment _____
C) Amount of last assessment to improvements _____
D) Amount of last total annual property taxes _____

I hereby certify the information and representations on this application are true and complete.

Signature(s) of Owner(s)

Date

APPLICATION FEE SCHEDULE

<u>Total Rehabilitation/Construction Cost of Project</u>	<u>Fee</u>
\$20,000 or less	\$30.00
\$20,001 to \$75,000	\$75.00
\$75,001 to \$500,000	\$200.00
\$500,001 or more	\$250.00



STATEMENT OF BENEFITS

State Form 27167 (R7 / 12-01)

Prescribed by the Department of Local Government Finance

**FORM
SB - 1**

INSTRUCTIONS:

1. This statement must be submitted to the body designating the economic revitalization area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and / or research and development equipment, or BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987 and areas designated after July 1, 1987 require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation, or prior to installation of the new manufacturing equipment and / or research and development equipment, BEFORE a deduction may be approved.
3. To obtain a deduction, Form 322 ERA, Real Estate Improvements and / or Form 322 ERA / PPME and / or 322 ERA / PPR & DE, must be filed with the county auditor. With respect to real property, Form 322 ERA must be filed by the later of: (1) May 10; or (2) thirty (30) days after a notice of increase in real property assessment is received from the township assessor. Form 322 ERA / PPME and / or 322 ERA PPR & DE must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and / or research and development equipment becomes assessable, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved after June 30, 1991 must submit Form CF - 1 annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. The schedules established under IC 6-1.1-12.1-4(d) and IC 6-1.1-12.1-4.5 (e) effective July 1, 2000 apply to any statement of benefits filed on or after July 1, 2000. The schedules effective prior to July 1, 2000 shall continue to apply to those statement of benefits filed before July 1, 2000.

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	
Address of taxpayer (street and number, city, state and ZIP code)	
Name of contact person	Telephone number ()

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body		Resolution number	
Location of property	County	Taxing district	
Description of real property improvements and / or new manufacturing equipment and / or research and development equipment (use additional sheets if necessary)		ESTIMATED	
		Start Date	Completion Date
		Real Estate	
		New Mfg Equipment	
	R & DE		

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
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SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	Real Estate Improvements		Machinery		Research and Development Equipment	
	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values						
Plus estimated values of proposed project						
Less values of any property being replaced						
Net estimated values upon completion of project						

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____ Estimated hazardous waste converted (pounds) _____

Other benefits:

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Title	Date signed (month, day, year)
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FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

- A. The designated area has been limited to a period of time not to exceed _____ calendar years * (*see below*). The date this designation expires is _____.
- B. The type of deduction that is allowed in the designated area is limited to:
- | | | |
|---|------------------------------|-----------------------------|
| 1. Redevelopment or rehabilitation of real estate improvements; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Residentially distressed areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- C. The amount of deduction applicable for redevelopment or rehabilitation is limited to \$ _____ cost with an assessed value of \$ _____.
- D. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____.
- E. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____.
- F. Other limitations or conditions (*specify*) _____

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (<i>signature and title of authorized member</i>)	Telephone number ()	Date signed (<i>month, day, year</i>)
Attested by:	Designated body	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4 or 4.5