

TAX ABATEMENT REQUEST FOR REHABILITATION OF DERELICT STRUCTURE

Property Address:

Application Date:

Projected Rehabilitation Cost:

Intended Start Date:

Intended Length of Project:

PROJECT OVERVIEW AND GOAL

CURRENT PROPERTY STATUS

THE RENOVATION TEAM

PROJECT CHALLENGES AND GENERAL PLAN

INITIAL INTERIOR ASSESSMENT

INITIAL EXTERIOR ASSESSMENT

NOTES

SIGNATURES

Applicant:		Date:	
Commissioner of the Revenue:		Date:	
Building Official:		Date:	
Zoning Administrator:		Date:	

