

Harrisonville Square Neighborhood Redevelopment Corporation

Application for participation in Tax Abatement Program

(\$25 administrative processing fee)

Please complete all information, then mail or deliver this application to:

Community Development Dept. City of Harrisonville 300 E. Pearl St. Harrisonville, MO. 64701

Include \$25 processing fee. Make checks payable to **City of Harrisonville**

Application Date		
Address of Redevelopment Project		
Owner Name	Phone _	
Owner Address	City	StateZIP
Authorized Agent of Owner (if applicable)	Name	Phone
Owner Signature		
If using an Authorized Agent, complete the fol	llowing section.	
I,, her	eby authorize	to serve
act on my behalf in all matters pertainin Neighborhood Redevelopment Corpora and must do so in writing to the Harriso the address listed above.	ition. I reserve the right to res	cind this approval at any time
	Owner Signature	
Authorized	d Agent Signature	
Please attach the following documents to this	application:	
Proof of tax classification and market valu	ue of Redevelopment Project p	oroperty
Preliminary inspection and photos of Red	levelopment Project	
Architecture or landscape exhibits, if appl	licable	
Proof of costs to be incurred in Redevelop	oment Project	

On the next page, please describe your Redevelopment Project.

REDEVELOPMENT PROJECT DESCRIPTION

Below please describe all rehabilitation work planned in the following sub-areas.

You are encouraged to give preference to any dangerous conditions.

Attach additional sheets as needed.

NOTE: Residential improvements must be at least 50% exterior. Commercial projects must be a mix of interior and exterior improvements.

Site work
Foundation
Exterior Walls/Wall Cladding
Windows
Entrances
Roof/Eaves
Other Structural
Heating/Air Conditioning
Plumbing
Electrical
Interior Walls
Interior Woodwork and Stairs
Bathrooms
Bedrooms
Floors
Other Interior