

APPLICATION FOR DESIGNATION OF AN ECONOMIC DEVELOPMENT TARGET AREA

(PLEASE CHECK ONE)

- RESIDENTIAL REHABILITATION ABATEMENT**
- RESIDENTIAL TAX ABATEMENT**

This application needs to be completed and signed by the owner(s) of the property where residential rehabilitation is to occur. The application should be submitted along with a site plan and the proper application fee to the Anderson Economic Development Department, Room #105, 120 East 8th Street, Anderson, Indiana 46016. If this is a substantial rehabilitation of an existing structure, also include floor plans and exterior façade (outside) materials.

Please see attached guidelines for explanation on filling out the application. If more assistance in completing the application is necessary, please contact Economic Development Department at (765) 648-6112.

1. Address or Location of Property: _____

2. Township: _____

3. Current Zoning: _____

4. Legal Description: _____

5. Property Owner Name, Address, Phone, & Email (if more than one owner, enter each owner separately):

Name: _____

Address: _____

Phone: _____

Email: _____

Property Owner(s) Name, Address, Phone, & Email:

Name: _____

Address: _____

Phone: _____

Email: _____

Property Owner(s) Name, Address, Phone, & Email:

Name: _____

Address: _____

Phone: _____

Email: _____

6. Owner(s) Representative (if any):

Name: _____

Address: _____

Telephone: _____

Email: _____

7. Is Zoning Variance Needed? Yes _____ No _____

8. Is Rezoning Needed? Yes _____ No _____

9. Is property served by? City Water: Yes _____ No _____ City Sewer: Yes _____ No _____

10. Size of Property (in square feet or, if a large tract, in acres) _____

11. Current use of Property:

A. How is the property presently used? _____

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

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

12. 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 _____

13. How many single-family residential units will the project consist of (4 maximum)? _____

14. Provide a brief description of the physical improvements that will be made on the project property and how the property will be used. Please include the floor plan and the exterior façade treatments of the residential units being rehabilitated. _____

15. Developing Time Frame:

A. When will development begin? _____

B. When is completion expected? _____

16. Cost of this project (NOT including land costs)? _____

17. Additional municipal services or facilities anticipated by the project (e.g., enlargement of sewer, improvement of streets, upgrading of traffic signals) _____

A. How will drainage/water runoff be handled? _____

18. Undesirability of Normal Development:

A. What evidence can be provided that the project property has “become undesirable for, or impossible of, normal development and occupancy because of a lack of development, cessation of growth, deterioration of improvements or character of occupancy, age obsolescence, substandard buildings or other factors that have impaired values or prevent a normal development of property or use of property _____

B. What evidence can be provided that the geographic area surrounding and influencing the value and use of the project property has “become undesirable for, or impossible of, normal development for occupancy _____

19. Furtherance of City Development Objectives (it is not necessary to meet the entire city development objectives to receive economic revitalization area designation.) Where your project would further an objective, please explain how this would come about.

A. Make effective use of vacant or underutilized urban land _____

B. Rehabilitate or replace deterioration or obsolete structure _____

C. Preserve a historical or architectural significant structure _____

D. Contribute to the conservation and stability of a neighborhood _____

E. Improve the physical appearance of the city (e.g., restoration of façade, attractive landscaping, and innovative design) _____

F. Increase housing in the regional center _____

G. Make efficient use of energy _____

H. Avoid environmental harm _____

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

Signature(s) of Owner(s)

Date

Application Fee: - \$75.00
Make check payable to: City of Anderson

RESIDENTIAL TAX ABATEMENT GUIDELINES

APPLICATION:

- 1.) Address of new construction
- 2.) Township (i.e. Anderson, Fall Creek ,Adams, Lafayette)
- 3.) Zoning Classification (residential structures are allowed in R-1, R-2, R-3, R-4, B-1, B-2, B-3, B-6, I-1, and I-3 zoning classifications (contact Municipal Development at 648-6168 for more information and to obtain the current zoning classification))
- 4.) Legal description (it will be on deed to property or recorded plat)
- 5.) Names, address, phone, and email of ALL property owners
- 6.) Name and contact information if somebody else will be representing the applicant (i.e. attorney, builder, etc.)
- 7.) Yes or No. If yes, enter type of variance needed. (i.e. side yard setback, maximum lot coverage, etc.) Variances are sought through the Board of Zoning Appeals (contact Municipal Development at 648-6168 for more information).
- 8.) Yes or No. If yes, enter current and requested zoning classification. See #3 above for allowable zoning classifications. A rezoning is sought through the Plan Commission (Municipal Development) and City Council. (contact Municipal Development at 648-6168 for more information).
- 9.) Yes or No to both questions. If you do not know, contact the City Engineer at 648-6118 for assistance.
- 10.) Size of property (land).
- 11.) Current use of property.
 - a. How is it used now? (i.e. farm ground, vacant lot, etc.)
 - b. List any structures / buildings on property currently (i.e. barn, garage, shed, etc.). Please enter NONE, if there is nothing on the property.
 - c. If structures / buildings are present, what is the condition (good, bad, fair, needs demolished, etc.)
- 12.) Property tax ASSESSMENT (information can be obtained from tax statement or from Madison County Assessor's Office):
 - a. TOTAL amount of last property ASSESSMENT (combined land and improvements)
 - b. Last LAND Assessment
 - c. Last IMPROVEMENT (structures, parking lot, etc.) ASSESSMENT (if property is vacant, this amount will be ZERO)
 - d. TOTAL amount of last annual property TAXES
- 13.) How many single family UNITS will be built (only allowed four per project). Most of the time this will be ONE.
- 14.) Description of improvements and how they will be used. (i.e. new single family home with detached garage). If this is a substantial rehabilitation of an existing structure, then include floor plans and exterior façade (outside) materials with application.

- 15.) Time frame of project: estimated start and completion date (NOTE: construction MUST begin by DECEMBER 31 of year the application was sought).
- 16.) Cost of improvements. Do NOT include the price of land.
- 17.) What additional city services or facilities are anticipated by this project (this would be items such as road improvements, traffic signals, etc.)
- a. How will drainage / run off be handled? (i.e. grading, pond, etc.) (Contact City Engineer's Office for more information 648-6118.)
- 18.) Undesirability of new development
- a. Evidence of undesirability at project location (i.e. land has remained vacant, deteriorated structures, etc.)
 - b. Evidence of AREA (area adjacent to project site) being undesirable (i.e. vacant properties, no new development, lack of growth, substandard buildings, etc)
- 19.) Furtherance of City development objectives
- a. Effective use of vacant or underutilized urban land. In this space enter how the project would be good for the city (i.e. new construction would enhance tax base, new construction would be aesthetically pleasing to area, etc.)
 - b. Rehabilitate deteriorated or obsolete construction. In this space, enter either N/A (not applicable) or yes. If yes, explain how (i.e. demolish existing and construct new, rehabilitate existing to comply with building codes, make aesthetically pleasing)
 - c. Preserve historical or architectural significant structure. In this space, enter either N/A (not applicable) or yes. If yes, explain how (i.e. rehab to original design / construction period)
 - d. Contribute to conservation and stability of neighborhood? (i.e. construction preserves or enhances property values in neighborhoods, houses that are occupied contribute to a safer neighborhood)
 - e. Improve physical appearance of city? (i.e. aesthetically pleasing landscaping, clean-up of overgrown weeds, trees, etc., new construction that blends in with surrounding neighborhood, etc.)
 - f. Increase housing in regional center (regional center being within or adjacent to the Downtown area)
 - g. Make efficient use of energy. (i.e. installing energy star appliances, "green" construction materials, etc.)
 - h. Avoid environmental harm. (i.e. using renewable energy (windmill for electricity), geothermal, etc.)

Statement of Benefits (SB1)-Form

Section 1: Fill out name, address, contact person (representative if there is one), telephone number, and email of applicant.

Section 2: Designating Body is the Common Council of the City of Anderson, leave Resolution # blank, enter address of property location, enter Madison County, enter DLGF taxing district (*DLBG tax district can be found at http://www.in.gov/dlgf/files/Township_Taxing_District_Associations.pdf*, description of project, and estimated start and completion dates (same as on application).

Section 3: Not Applicable - Leave Blank

Section 4: Enter Current Values both COST and ASSESSED VALUE (*assessed value can be found at the [Madison County Assessor's Office or tax statement](#)*); Estimated values of project (enter both the COST and the Assessed value), enter the value of the property that is being replaced or removed, if applicable, and then the NET estimated value COST and Assessed value). (These amounts should be on application as well.)

Section 5: Not Applicable - Leave Blank

Section 6: Sign and Date

NOTES:

The tax abatement application **MUST** be filed prior to filing for an Improvement Location or Building Permit.

Please remember to sign, date, and pay application fee. Make check payable to the City of Anderson.

All residential tax abatement applications must be approved by the Economic Development Commission (by a Resolution) and by the Common Council (by Ordinance which requires three readings).

It is the responsibility of the applicant to file all necessary paperwork with the Madison County Auditor's Office to receive the deduction. Please contact the Madison County Auditor for more information on what is needed. **The filing of the application is a testament to your understanding of this requirement.**

Applicant or representative **MUST** appear at all meetings or the application may be tabled or withdrawn.



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R2 / 12-11)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

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, and/or logistical distribution equipment and/or information technology equipment 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 installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, **BEFORE** a deduction may be approved
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, 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 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

SECTION 1 TAXPAYER INFORMATION								
Name of taxpayer								
Address of taxpayer (number and street, 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 (s)				
Location of property			County	DLGF taxing district number				
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary)				ESTIMATED				
				START DATE		COMPLETION DATE		
				Manufacturing Equipment				
				R & D Equipment				
				Logist Dist Equipment				
IT Equipment								
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT								
Current number	Salaries	Number retained	Salaries	Number additional	Salaries			
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.	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	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)				

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. Installation of new manufacturing equipment; Yes No
 - 2. Installation of new research and development equipment; Yes No
 - 3. Installation of new logistical distribution equipment. Yes No
 - 4. Installation of new information technology equipment; Yes No

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____.

D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____.

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____.

F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____.

G. Other limitations or conditions (specify) _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years **
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years **

** For ERA's established prior to July 1, 2000, only a 5 or 10 year schedule may be deducted.

I. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? Yes No
If yes, attach a copy of the alternative deduction schedule to this form.

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: (signature and title of authorized member)	Telephone number ()	Date signed (month, day, year)
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 6-1.1-12.1-4.5