

**HOUSING OFFICER**  
Date Received

**COMMUNITY REINVESTMENT  
AREAS (CRA)**

**COUNTY AUDITOR**  
Date Received

File Number

**APPLICATION FOR TAX EXEMPTION**

File Number

**CITY OF SYLVANIA**

1. APPLICANT NAME \_\_\_\_\_  
AND MAILING \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. CONTACT PERSON: \_\_\_\_\_

3. DAYTIME TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

4. PROPERTY ADDRESS(ES): \_\_\_\_\_

5. TAX DISTRICT AND  
PARCEL NUMBER(S)  
(from tax bill): \_\_\_\_\_

6. ASSESSOR NUMBER(S): \_\_\_\_\_

7. APPLICATION INVOLVES: \_ a) Remodeling 1 or 2 family dwelling (minimum investment \$2,500)  
b) Remodeling 3 or more residential units (minimum investment \$5,000)  
c) Remodeling commercial/industrial structure (minimum investment \$5,000)  
\_\_\_\_\_ d) New Construction Residential \_\_\_\_\_ sq. ft.  
Commercial \_\_\_\_\_ sq. ft.  
Industrial \_\_\_\_\_ sq. ft.

If COMMERCIAL/INDUSTRIAL, what is nature of business: \_\_\_\_\_

If COMMERCIAL/INDUSTRIAL, are any operations/job positions being relocated to this site from another county or municipal corporation in this state? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. **PROPERTY IS LOCATED WITHIN AN HISTORIC DISTRICT** \_\_\_\_\_ YES \_\_\_\_\_ NO (Check if applicable and attach a written certificate of approval of the designated Historic District Commission)

9. **DESCRIPTION OF WORK:** (*brief overall* description of proposed improvements)

10. **ESTIMATED TOTAL IMPROVEMENT INVESTMENT** Materials \$ \_\_\_\_\_

Labor \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**Attach: DETAILED BREAKDOWN OF WORK SPECIFICATIONS AND LABOR COSTS – *must be included* with application (ie structural – what, be specific; roofing – tear-off; plumbing – repair/new; electrical – new/upgrade; heating - repair/new etc.)**

11. DATE BUILDING PERMIT ISSUED (if available): \_\_\_\_\_  
BUILDING PERMIT NUMBER(S) (if available): \_\_\_\_\_  
ESTIMATED COMPLETION DATE: \_\_\_\_\_

The aforewritten information is true and complete to the best of my knowledge. I agree to supply additional information if required by the Housing Officer and/or the Lucas County Auditor. If this application is approved, any tax exemption for the improvements will not be effective until the tax lien date (January 1) of the calendar year immediately following the date of the Housing Officer's certification of tax exemption or as noted and approved by the Housing Officer.

DATE: \_\_\_\_\_ Signed: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Submit completed application(s) to: William D. Sanford  
City of Sylvania  
6730 Monroe St.  
Sylvania, OH 43560

Questions regarding requirements should be directed to the Dept. of Economic Dev. at 419-885-0482

**FOR DEPARTMENT OF DEVELOPMENT USE ONLY – CHECKLIST:**

\_\_\_\_\_ 30 day written notice provided to affected county/municipality for relocation of positions/operations from another county or municipal corporation in this state.

CRA Area: \_\_\_\_\_

Type of Application: \_\_\_\_\_ Residential 1-3 Family  
\_\_\_\_\_ Residential 4+ Family  
\_\_\_\_\_ Commercial  
\_\_\_\_\_ Industrial

Proposed Investment Verified: \_\_\_\_\_ Copies Sent To: \_\_\_\_\_ School Board  
Detailed Specifications: \_\_\_\_\_ Applicant  
Building Permits Pulled: \_\_\_\_\_ O.D.O.D.  
School Board Notification: \_\_\_\_\_  
Housing Officer Worksheet: \_\_\_\_\_