John Day Urban Renewal Agency
Housing Incentive Program
Property Application

Date Received: _____

Name of Applicant: _____

Project Street Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Email: _____

Property Owner(s) with Address, Phone Number (if different from Applicant):

_____

Will property owner(s) likely be the same at time of project completion: Y / N

Grant County Assessor's Map # and Tax Lot #: _____

Pre-Project Tax Assessor's Assessed Value: $ _____

Brief Description of Project (Commercial Projects Not Eligible): _____

_____

_____

_____

What permits do you currently have? _____

What permits do you plan to apply for? _____

Total Project Cost (see worksheet below): $ _____

Estimated Project Start Date: _____

Estimated Completion Date: _____

I, applicant, acknowledge the statements made herein are true and represent an accurate and full disclosure of all appropriate information as of this date. I understands that the URA will retain this application and any other information the URA recieves, whether or not this incentive request is approved. I understand this request is public information.

Applicant Signature: _____ Date: _____

Proposed Project Financing Worksheet

Estimated Costs (Itemized):

Description	Cost:
	$ _____
	$ _____
	$ _____
	$ _____
	$ _____
Labor (Personal or Hired)	$ _____

Total Cost: $ _____

Please Ensure the following items are included with the completed application form:
* Include agreement that identifies who will be receiving the incentive
* Current building/property photographs
* Proof of legal ownership (Property Deed)
* Proof of current tax statement (Available from Assessor)

FOR OFFICIAL USE ONLY

Type of Project (select all that apply):

____ Building interior	Property in Renewal Area?	Y / N
____ Building exterior façade	Approvals Required:	Y / N
____ Infrasturcture/Landscape/Fence	Planning Commission?	Y / N
____ Building Code compliance	Building Permit	Y / N
____ New Construction/site development	Easement/Encroachment?	Y / N
____ Mitigation, reduction, removal of bligh	Remodel meets threshold?	Y / N

Application Fee Amount: _____   Date Received: _____

Date deemed complete: _____   Reviewed By: _____

Date of Tax Assessor's Pre Inspection: _____

Qualifying Program: _____   Project in URA Boundary?   Y / N

Estimated Incentive Rebate: _____   Includes All Items?   Y / N

Approved Date: _____

Reason Not Approved for Program? _____