

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 #: _____

Most Recent Tax Assessor's Assessed Value: \$ _____

Breif 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:

- * Identify who will be receiving the incentive payment
- * Current building/property photographs
- * Proof of legal ownership (Property Deed)
- * Proof of current tax statement (Available from Assessor)

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Type of Project (select all that apply):

<input type="checkbox"/> Building interior	Property in Renewal Area?	Y / N
<input type="checkbox"/> Building exterior façade	Approvals Required:	Y / N
<input type="checkbox"/> Infrastructure/Landscape/Fence	Planning Commission?	Y / N
<input type="checkbox"/> Building Code compliance	Building Permit	Y / N
<input type="checkbox"/> New Construction/site development	Easement/Encroachment?	Y / N
<input type="checkbox"/> Mitigation, reduction, removal of blight	Remodel meets threshold?	Y / N

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? _____