

# APPLICATION TO QUALIFY AND TO PARTICIPATE NEIGHBORHOOD REVITALIZATION PLAN JACKSON COUNTY, KANSAS

## Part I

1. Owner Name _____	Parcel ID _____	QR _____						
2. Mailing Address _____								
3. City/State/Zip _____								
4. Phone No. (Home) _____ (Cell) _____								
5. Property Address (if different than #2) _____								
6. Building Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Jurisdiction _____ Number _____								
7. Improvement Best Described As: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational <input type="checkbox"/> Other _____								
8. Is the Improvement: <input type="checkbox"/> New <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Rental <input type="checkbox"/> Owner-Occupied								
9. Other Improvements Razred (removed) _____								
10. Indicate Addenda Pages (as applicable) <table border="0"><tr><td><input type="checkbox"/> Site Plan</td><td><input type="checkbox"/> Bldg. Permit</td></tr><tr><td><input type="checkbox"/> Bid Sheets</td><td><input type="checkbox"/> Constr. Plans</td></tr><tr><td><input type="checkbox"/> Deed</td><td><input type="checkbox"/> Other _____</td></tr></table>			<input type="checkbox"/> Site Plan	<input type="checkbox"/> Bldg. Permit	<input type="checkbox"/> Bid Sheets	<input type="checkbox"/> Constr. Plans	<input type="checkbox"/> Deed	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Deed	<input type="checkbox"/> Other _____							
11. Estimated Completion Date _____								
12. Estimated Improvement Cost \$ _____ Materials \$ _____ Labor \$ _____ Total								
13. Application Fee \$ _____								

### **Applicant agrees and acknowledges that:**

- A) Applicant has received, read and understands the criteria for qualification **and**
- B) Applicant will follow all required procedures **and**
- C) Within 15 days after project completion, will report same to the County Appraiser's Office **and**
- D) If construction is not completed on January 1<sup>st</sup> following approval of this application, will report the same to the County Appraiser's Office by January 15<sup>th</sup> next following **and**
- E) Any conditional approval issued pursuant to this application becomes null and void one year from date of conditional approval if construction has not substantially commenced **and**
- F) If construction is not completed on the second January 1<sup>st</sup> following the County Appraiser's conditional approval under Part II, such approval becomes null and void and all construction completed, if any, will not be eligible to participate in the Neighborhood Revitalization Plan.

**UNDER PENALTY OF PERJURY, I HEREBY STATE THAT ALL INFORMATION CONTAINED IN THE  
ABOVE APPLICATION IS TRUE AND CORRECT.**

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Owner Signature

Date

## Part II (To be completed by Appraiser's Office)

Subject to meeting the minimum expenditure requirement of \$15,000 (Fifteen Thousand Dollars) **and**  
meeting the minimum increase in appraised value directly attributable to the improvement requirement of \$15,000  
(Fifteen Thousand Dollars), the above Application is hereby:

**CONDITIONALLY APPROVED**

**DENIED**

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County Appraiser

Date