CITY OF FREMONT, OHIO

COMMUNITY REINVESTMENT AREAS (CRA)
APPLICATION FOR TAX EXEMPTION
(Revised June 2016)

1. Applicant name _____
   and mailing address: _____
2. Contact Person: _____ Telephone: _____
   E-mail Address: _____ Fax: _____
3. Address of Subject Property: _____
   Parcel Number: _____
4. Application Involves:
   _____ a) Remodeling 1 or 2 family dwelling (minimum investment $15,000)
   _____ b) Remodeling 3 or more residential units (minimum investment $20,000)
   _____ c) Remodeling commercial/industrial structure (minimum investment $20,000)
   _____ d) New construction
   Residential _____ sq. ft.
   Commercial _____ sq. ft.
   Industrial _____ sq. ft.
5. _____ Property is located within a Historical District
   (Check if applicable and attach a written certificate of approval of the designated agency or authorized agent.)
6. Date of project commencement: _____
7. Project contractor: _____
8. Estimated date of completion: _____
9. This project will create _____ new jobs and/or retain _____ jobs.
10. The period of exemption starts upon completion of project in the tax year following calendar year in which it is certified to the County Auditor.
11. The City of Fremont is an Equal Employment Opportunity Employer and has developed a policy to ensure recipients of the Community Reinvestment Area tax benefits practice non-discriminating hiring in its operation.
12. Please submit a copy of the legal description for the property and the itemized cost for the project with copies of the invoices for verification.

_____ _____
Date of Application Signature of Property Owner/Agent

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1. Number of CRA for Pre-July 1, 1994 Resolutions: _____
2. Number of CRA for Post-July 1, 1994 Resolutions: _____
3. Effective date of appropriate local Resolution: _____
4. Verification of construction took place on this date: _____
   New structure costs: _____
   Remodeling costs: _____
5. Project meets requirements for a exemption under ORC 3735.67, Paragraph D:
   _____ (1) Number of years: _____ _____ (2) Number of years: _____
   _____ (3) Number of years: _____ _____ (4) Number of years: _____

_____ _____
Date Bob Gross, Housing Officer

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www.fremontohio.org