



# 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 \$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.
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

### FOR OFFICIAL USE ONLY

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