APPLICATION FOR TAX ABATEMENT

Appanoose county

(Please type or print)

APPLICANT INFORMATION

Applicant (Owner of Record): Steve & Kendra Heaton

ADDRESS 1105 Arbor Trace CITY Osceola STATE IA

PHONE 641-660-3798 NAME OF OWNERS OF RECORD (IF ANY) _____

ADDRESS OF PROPERTY REQUESTED FOR ABATEMENT 198 Refuge Rd

LEGAL DESCRIPTION Melrose IA 52569

EXISTING PROPERTY USE (CIRCLE) RESIDENTIAL AGRICULTURAL VACANT COMMERCIAL/INDUSTRIAL

TYPE OF IMPROVEMENTS

AGRICULTURAL

CONSTRUCTION OF A NEW STRUCTURE

REHABILITATION OF AN EXISTING STRUCTURE

RESIDENTIAL

(NEW CONSTRUCTION)

NEW MODULAR OR NEW MANUFACTURED HOME PLACED ON PERMANENT FOUNDATION

IMPROVEMENT TO EXISTING RESIDENTIAL STRUCTURE

COMMERCIAL/INDUSTRIAL

NEW CONSTRUCTION

IMPROVEMENT ON EXISTING STRUCTURE

BRIEF DESCRIPTION OF PROJECT: New Residential home

CURRENT PROPERTY VALUE (FROM ASSESSOR'S RECORDS): LAND: $_____ BUILDINGS $ 105K

ESTIMATED OR ACTUAL COST OF IMPROVEMENTS $_____

PROJECT START DATE: Fall 2026 ESTIMATED OR ACTUAL COMPLETION DATE: Summer 2027

IF RESIDENTIAL RENTAL PROPERTY, COMPLETE THE FOLLOWING:

NUMBER OF UNITS: 1 DATE OF OCCUPANCY: 2027

TENANTS (OCCUPYING THE BUILDING WHEN PURCHASED, OR PRESENT TENENTS IF UNKNOWN): 2

RELOCATION BENFITS RECEIVED BY ELIGIBLE TENANTS:_____

LIST OF BUILDINGS DEMOLISHED: Ø

APPLICANT ACKNOWLEDGEMENTS:

TAX ABATEMENT SCHEDULE: 3 YEAR 100%

A COPY OF THE REQUIRED SEWER PERMIT OR WAIVER IS ATTACHED (REQUIRED): YES (NO)

A COPY OF THE BUILDING PERMIT IS ATTACHED IF REQUIRED: YES (NO)

The property to which improvements are made conform to the Appanoose County Revitalization Plan as adopted. YES NO

This abatement shall not appl to property tax levies imposed by school districts on residential property after July 1, 2024, as stated in Iowa Code Section (404.3D)

The applicant certifies that all information provided in the support of this application is given for the purpose of obtaining an exemption from taxes on New Construction and is true and complete to the best of the applicant's knowledge.

Applicant's signature: _____ date signed: 9-3-26

COUNTY SUPERVISORS ACTION:

(APPROVED) RESOLUTION NO 2026-32 DATE 9/21/26

DISAPPROVED REASON FOR DISAPPROVAL_____

COUNTY ASSESSOR ACTION:

DATE OF REVIEW:_____ APPROVED DISAPPROVED (CIRCLE ONE)

REASON FOR DISAPPROVAL:_____

ASSESSED VALUATION OF IMPROVEMENTS: $_____

A NOTICE OF TERMINATION WAS SENT TO THE APPLICANT ON (DATE):_____

NOTE: No change may be made once an application is approved and an exemption is granted.