



**APPLICATION FOR TAX ABATEMENT  
UNDER THE URBAN REVITALIZATION PLAN  
CITY OF MARENGO, IOWA**

Date: \_\_\_\_\_

Prior Approval for  
\_\_\_\_ Intended Improvements

Approval of Improvements  
\_\_\_\_\_ Completed

Address of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Title Holder or Contract Buyer: \_\_\_\_\_

Address of Owner (if different from above): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Existing Property Use: \_\_\_\_ Residential \_\_\_\_ Commercial \_\_\_\_ Industrial \_\_\_\_ Vacant

Proposed Property Use: \_\_\_\_ Residential \_\_\_\_ Commercial \_\_\_\_ Industrial

Type of Improvement: \_\_\_\_ New Construction \_\_\_\_ Addition \_\_\_\_ General Improvements

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Completion: \_\_\_\_\_ Estimated/Actual (Circle One)

Cost of Improvements: \_\_\_\_\_ Estimated/Actual (Circle One)

The Undersigned applicant certifies that the foregoing information is true and correct.

Signed: \_\_\_\_\_

**FOR CITY USE ONLY**

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**CITY COUNCIL:**

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Reason (if denied): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Attest City Clerk: \_\_\_\_\_

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**Assessor:**

Present Assessed Value: \_\_\_\_\_

Assessed Value w/Improvements: \_\_\_\_\_

Tax Abatement Eligibility: \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible

Date: \_\_\_\_\_

Assessor: \_\_\_\_\_