

**Applicant Information:**

\_\_\_\_\_  
Name of Property Owner(s)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address of Property Owner(s)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address of Property to be Abated

\_\_\_\_\_  
Parcel Number

**Project Information:**

Type of Property? ☐ Owner Occupied ☐ Rental If rental, number of dwelling units: \_\_\_\_\_

Type of Construction? ☐ New Construction ☐ Renovation of Existing Dwelling

\_\_\_\_\_  
Total Cost of New Construction or Renovation

\_\_\_\_\_  
Date of Project Completion

\_\_\_\_\_  
Brief Description of New Construction or Renovation

**Please Note:**

- Valuation of the new construction and/or improvements will be made by the Franklin County Auditor's office.
- The Housing Officer may revoke the tax abatement any time after the first year if the property has building code violations or if delinquent taxes are owed on the property.
- Any person denied tax abatement by the Housing Officer may appeal in writing to the Community Reinvestment Area Housing Council which shall have the right to overrule any decision of the Housing Officer. Appeals from a decision of the Housing Council may be taken to the Franklin County Court of Common Pleas.
- This tax abatement is authorized by City of Gahanna Resolution SR-0016-2009 passed by Gahanna City Council on September 21, 2009. Gahanna City Council may rescind the resolution granting tax abatement at their discretion.

*I affirm under penalties of falsification that this application, including any supporting documents and statements, has been examined by me and to the best of my knowledge and belief, is true, correct, and complete.*

\_\_\_\_\_  
Signature of Property Owner(s)

\_\_\_\_\_  
Date

**For City Use Only**

*As Housing Officer for the City of Gahanna, I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area program and that this project will receive \_\_\_\_\_% tax abatement for a period of \_\_\_\_\_ years. The abatement term shall begin on the project completion date. This application meets the requirements for abatement under Ohio Revised Code section 3735.67(D)(1) \_\_\_\_\_ (D)(2) \_\_\_\_\_ (D)(3) \_\_\_\_\_.*

\_\_\_\_\_  
City of Gahanna Housing Officer

\_\_\_\_\_  
Date

Date

1. Review Completed \_\_\_\_\_
2. Site Visit \_\_\_\_\_
3. Letter to Property Owner \_\_\_\_\_
4. County Notified \_\_\_\_\_