



**TAX EXEMPTION APPLICATION
HISTORIC PRESERVATION
DEVELOPMENT SERVICES DEPARTMENT**

**City of El Paso, Texas
2 Civic Center Plaza
El Paso, TX 79901-1196
915-541-4668 or 541-4329**

I. CONTACT INFORMATION

PROPERTY OWNER(S): _____
 ADDRESS: _____ ZIP CODE: _____ PHONE: _____
 E-MAIL ADDRESS: _____ FAX: _____

REPRESENTATIVE(S): _____
 ADDRESS: _____ ZIP CODE: _____ PHONE: _____
 E-MAIL ADDRESS: _____ FAX: _____

II. PROJECT INFORMATION

A. PROPERTY ADDRESS: _____
 LEGAL DESCRIPTION: _____
 PROPERTY IDENTIFICATION NUMBER _____
 HISTORIC DISTRICT (or other historic designation) _____
 PRESENT LAND USE: _____ PROPOSED LAND USE: _____

B. TOTAL SQUARE FOOTAGE: _____
 BREAKDOWN OF SQUARE FOOTAGE BY USE (ie: residential, retail, office, etc.): _____

 CONSTRUCTION START DATE _____

C. CURRENT TOTAL CAD APPRAISED VALUE (attach tax statement): _____
 STRUCTURE: _____ LAND: _____
 ESTIMATED RESTORATION COST (Exhibit A): _____
 PREVIOUS TAX RELIEF GRANTED TO ANY PORTION OF THIS PROPERTY? (If so, describe the type and duration): _____
 IS THIS PROPERTY LOCATED WITHIN A TIF (Tax Increment Finance District) or TIRZ (Tax Increment Reinvestment Zone)? _____
 (if so, please note that you must meet the requirements of Texas Tax Code Section 311.0125 prior to receive any abatement)

III. ADDITIONAL INFORMATION

OWNER(S) OF RECORD FOR THE ABOVE DESCRIBED PARCEL(S):
 Printed Name: _____ Signature: _____

OWNERS'S REPRESENTATIVE FOR THE ABOVE DESCRIBED PARCEL(S):
 Printed Name: _____ Signature: _____

Note: Signatures are required for all owners of record for the property proposed for rezoning. Attach additional signatures on a separate sheet of paper.

OFFICE USE ONLY										
HPO _____	RECEIVED DATE: ___/___/___				ACCEPTED BY: _____					
DETERMINATION DUE BY: ___/___/___			VERIFICATION DATE ___/___/___							
TOTAL PROJECT COST: _____					DURATION OF TAX EXEMPTION: _____					
YEARLY INSPECTION	1	2	3	4	5	6	7	8	9	10

REQUIRED DOCUMENTATION FOR TAX EXEMPTION APPLICATION

- APPLICATION FOR TAX EXEMPTION** - Each item on this application shall be completed and all documentation required on this form shall be submitted before this application is accepted for processing. Submittal of an application does not constitute acceptance for processing until the Department reviews the application for accuracy and completeness.

- TAX STATEMENT** - Document that lists the current appraised property value. May be obtained from the El Paso County Central Appraisal District

- SCALED DETAILED SITE DEVELOPMENT PLAN CONSTRUCTION DRAWINGS** - One (1) full size copy and one (1) copy on 8 1/2" x 11" paper of the detailed site development plans, including the following information:
 - a. Legal description of the property;
 - b. Lots lines with dimensions of the areas;
 - c. Location and arrangement of structures;
 - d. Location, type, and arrangement of windows, doors, & other openings where applicable (Include a sample of each type of window or door from brochure, catalog or manufacturer);
 - e. Size and use of structures, including number of dwelling units;
 - f. Required yards and setbacks;
 - g. Proposed building materials (i.e. concrete, stucco, wood, metal);
 - h. Sample of proposed color(s) & texture (i.e. color swatch with name, manufacturer & number);
 - i. Material and product samples from brochure, catalog or manufacturer;
 - j. Open spaces, where applicable;
 - k. Landscaped planted areas, including square footage where applicable;
 - l. Architectural design of buildings, modifications, addition, or new construction (floor plan(s) and elevations);
 - m. Construction details for roofs, walls, floor and foundation.

- CERTIFIED CITY TAX CERTIFICATE** - Certified city tax certificates may be obtained at the city Tax Office, 1st Floor, City Hall Building. For any tax exemption application, delinquent taxes must be paid in full before the tax abatement may proceed.

- CERTIFICATE OF APPROPRIATENESS/ADMINISTRATIVE REVIEW APPROVAL** - Historic Review and approval for all proposed exterior and/or interior work must be obtained prior to submitting an application for tax exemption. Historic Review application forms are available at Department of Historic Preservation in the Museum and Cultural Affairs Office and may also be downloaded from the city of El Paso website..

- COST ESTIMATES OF PROPOSED PROJECT - Exhibit A-** List each item of work and the cost of each item.

- PROOF OF OWNERSHIP** - One (1) copy of a certificate from a title company, warranty deed, or other legal document demonstrating that the individual(s) or corporation making the application for tax exemption is the current property owner.

- PHOTOGRAPHS** - Color photographs showing current conditions of the site and structures

- AFFIDAVIT OF HISTORIC SIGNIFICANCE** - Statement describing the historic significance of the site in need of tax relief.

- STATEMENT OF UNDERSTANDING** - Certification by the applicant that all the information on this application is correct and that the program regulations have been understood.

Please refer to the fee schedule or call the Planning Division to obtain the fee amount.



IV. STATEMENT OF UNDERSTANDING

I certify that the information on this application is correct.

I authorize City officials to visit and inspect the property as necessary to certify eligibility and verification for a tax abatement.

I acknowledge, have read, and understand the program regulations, and that I will not receive an abatement until all the program requirements have been met and a statement of completion is accepted and verified by the HPO.

I understand that all rehabilitation work must be completed within three (3) years after the date of determination of eligibility by the City.

I understand that if I fail to maintain the site and the improvements throughout the time period granted for the exception in the same or better condition as when originally verified as complete by the HPO, the tax exemption may be ceased.

Property Owner Printed Name

Property Owner Signature

ACKNOWLEDGEMENT

THE STATE OF TEXAS

COUNTY OF EL PASO

This instrument is acknowledged before me on this _____ day of _____, 200_, by

_____, as Applicant.

(Seal)

Notary Public, State of Texas
Signature

Printed or Typed Name

My Commission Expires:

EXHIBIT A: DETAILED COST ESTIMATE OF REHABILITATION/RESTORATION WORK



TYPE OF WORK: DESCRIBE IN DETAIL

AMOUNT

Structural/Foundation:

\$

Windows/Doors:

\$

Porch:

\$

Roof:

\$

Façade Treatment:

\$

Landscaping/Fencing:

\$

Other:

\$

TOTAL

\$



STATEMENT OF COMPLETION

THE STATE OF TEXAS)
)
THE COUNTY OF EL PASO)

KNOWN ALL BY THESE PRESENTS:

BEFORE ME, the undersigned authority, personally appeared the person who has signed below, who being by me duly sworn, deposed as follows:

"I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I have personal knowledge of the facts contained in this affidavit. The facts stated herein are all true and correct."

"I certify that:

1. The cost of rehabilitation/restoration that has been done to the property exceeds the percentage of pre-rehabilitation value specified in section 3.04.035 "Tax Exemption-Historically Significant Sites" of the El Paso Municipal Code.
2. Any rehabilitation done to the property has been completed in compliance with any applicable certificates of appropriateness or administrative approval.
3. Only rehabilitation done after eligibility has been determined will be counted in determining whether the rehabilitation done exceeds the specified percentage of pre-rehabilitation value.
4. Only rehabilitation work for which a certificate of appropriateness or administrative review approval was granted and applicable building permits issued has been counted in determining the dollar amount of rehabilitation.
5. The records attached hereto are receipts or other documentation providing that the required rehabilitation has actually been done. The receipts or other documentation are the original or exact duplicates of the original.
6. All rehabilitation counted has been done within three years after the date of eligibility determination.

EXECUTED this _____ day of _____ 200_____.

Owner Name

Signature

—

Printed Name

Title