

**Application for Chapter 99 Tax Abatement
For Single Small Site Improvements**

Applicant (Developer or Owner)

Telephone Number

Address of Applicant

City State Zip

Address(es) of Property (ies) To Be Improved

Please describe the improvements you propose:

Estimated Cost of Improvements: _____

Starting Date of Renovation/New Construction: _____

Approximate Completion Date: _____

Is the proposed work to be assisted through CDA, Operation Impact, or another public agency? _____ If so, identify the agency: _____

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The property to be used for:
(check type of development)

Residential _____ Number of Units _____

Commercial _____ Square Footage _____

Mixed Use _____

Jobs (number of): New _____ Retained _____

Will the property be owner-occupied? _____

Signature of the Applicant