

**CITY OF ANDOVER, KANSAS
2025-2027 NEIGHBORHOOD REVITALIZATION PLAN
APPLICATION FOR TAX REBATE**

PART I Pre-Construction

Owner's Name: _____ Daytime Phone No. _____

Owner's Mailing Address: _____

Address of Property: _____

CAMA No. _____
(Found on your tax statement or call the County Appraiser's office)

Legal Description of Property: Lot: _____ Block: _____

Subdivision _____

Other legal description (if needed): _____

	SELECT ONE	
	New	Rehab
Residential*		
Commercial		
Industrial		

*If residential: _____ Residence _____ Other (explain) _____

_____ Single Family **or** _____ Multi-Family _____ Number of Units

Does the applicant own the land? _____ Yes _____ No

Are the property taxes paid up-to-date? _____ Yes _____ No

Will the proposed project be on a foundation? _____ Yes _____ No

Will it be permanently attached to the property? _____ Yes _____ No

Improvements and associated cost: (provide rough draft drawings and dimensions)

(Use additional sheets if necessary)

Estimated or Actual Cost of Improvements: Materials \$ _____ Labor \$ _____
(Documentation is needed, even hand-written estimates)

Construction estimated to begin on: _____

Estimated date of completion of construction: _____

List of buildings proposed to be or actually demolished: _____

I have read and do hereby agree to follow all application procedures and criteria. I further understand that this application will void six months from the date below, if improvements or construction have not begun, or if improvements are not complete within one (1) year from start.

Acknowledgement

I have received a copy of the City of Andover, Kansas Neighborhood Revitalization Plan and the application form and by my signature, I have read and am applying for a Butler County tax rebate based on my investment and the incremental increase in appraised value of the project after improvements.

One dollar spent is not necessarily equal to one dollar of increased value. Any questions regarding said values should be addressed to the Butler County Appraiser's Office.

I acknowledge this program is not official until the State Attorney General approves the applicable Interlocal Cooperation Agreement. In the unlikely event the Interlocal Cooperation Agreement is not approved, my \$25.00 NRP application fee will be refunded. City of Andover building permit fees associated with this application will not be refunded.

Signature of Owner

Date

****A non-refundable \$25 application fee must accompany this application.****

I find this application complete and recommend its consideration for any and all tax rebates subject to the Butler County Kansas taxing authority.

Building Official

Date

Building Permit Number

FOR COUNTY APPRAISER'S USE ONLY

Based upon the above listed improvements and associated costs supplied by the applicant, the improvement **initially may** _____ **or may not** _____ meet the terms for a tax rebate.

By: _____
(Butler County Appraiser's Office)

Date: _____

Copy to: Applicant _____ County Appraiser _____ File _____

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PART II (Optional)
January Status of Completion

Owner's Name: _____ Daytime Phone No. _____

Owner's Mailing Address: _____

Address of Property: _____

Building Permit # assigned: _____

As of January 1 following commencement of construction, the improvements are approximately
_____ % complete.

Signature of Applicant

Date

FOR COUNTY APPRAISER'S USE ONLY

As of _____, taxes and special assessments on this parcel of property **are**
_____ **or are not** _____ delinquent.

By: _____
(Butler County Appraiser's Office)

Date: _____

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PART III Completion of Construction

Owner's Name: _____ Daytime Phone No. _____

Owner's Mailing Address: _____

Address of Property: _____

Building Permit # assigned: _____

As of _____, the construction is complete.

Signature of Owner

Date

As of _____, the final inspection has been performed.

Building Official

Date

FOR COUNTY APPRAISER'S USE ONLY

As of _____, taxes and special assessments on this parcel of property **are**
_____ **or are not** _____ delinquent.

By: _____
(Butler County Appraiser's Office)

Date: _____