



CITY OF EL DORADO  
NEIGHBORHOOD REVITALIZATION PLAN  
APPLICATION FOR TAX REBATE

**PART I**

Owner's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
*(as shown on deed)*

Owner's Mailing Address: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ School District No. \_\_\_\_\_

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): \_\_\_\_\_

Proposed Property Use:

RESIDENTIAL:  New  Rehab/Remodel  
 Rental  Owner-occupied  
 Single Family  Multi-Family \_\_\_\_\_ Number of Units

COMMERCIAL:  New  Rehab/Remodel

INDUSTRIAL:  New  Rehab/Remodel

Improvements and Associated Cost: (provide plans/drawings with dimensions)

---

---



CITY OF EL DORADO  
NEIGHBORHOOD REVITALIZATION PLAN  
APPLICATION FOR TAX REBATE

**PART I**  
Continued

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

Buildings proposed to be demolished: \_\_\_\_\_

Approved by Building Official: \_\_\_\_\_ (initials)

Does the applicant own the land?  Yes  No

Are the property taxes current?  Yes  No

I understand that once taxes have been calculated, Payments Under Protest will not be accepted for NRP properties.

**Owners Initials** \_\_\_\_\_

I understand the project must be inspected and approved by the City of El Dorado Building Official within the program timeline to be considered completed and eligible to receive the NRP rebates.

**Owners Initials** \_\_\_\_\_

I have read and hereby agree to follow all application procedures and criteria. I further understand that this application will be void one year from the date below if improvements or construction have not begun, or if improvements are not completed within two (2) years from the start date.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Property Address

\*A non-refundable \$25 application fee is required to accompany this application.



CITY OF EL DORADO  
NEIGHBORHOOD REVITALIZATION PLAN  
APPLICATION FOR TAX REBATE

**PART II**  
**COMMENCEMENT OF CONSTRUCTION**

Building Permit No. \_\_\_\_\_

Construction Estimated to Begin on: \_\_\_\_\_

Estimated date of Completion of Construction: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature Date: \_\_\_\_\_

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

Rebate eligibility:

Residential:  10 Years

Commercial or Downtown:  15 Years

**FOR COUNTY APPRAISER'S USE ONLY**

Based upon the above listed improvements and associated costs supplied by the applicant, the improvement will \_\_\_\_\_ or will not \_\_\_\_\_ meet the terms for a tax rebate.

By: \_\_\_\_\_  
(Butler County Appraiser's Office)

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



CITY OF EL DORADO  
NEIGHBORHOOD REVITALIZATION PLAN  
APPLICATION FOR TAX REBATE

**PART III**  
**STATUS OF CONSTRUCTION/COMPLETION**

Permit Number: \_\_\_\_\_

\_\_\_\_\_ Incomplete Project as of January 1 following commencement.

\_\_\_\_\_ Complete Project as of January 1 following commencement.

\_\_\_\_\_ City Final Inspection.

\_\_\_\_\_  
Owner Signature

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

**FOR COUNTY APPRAISER'S USE ONLY**

The above improvements:

\_\_\_\_\_ Meet the 10% increase in market value minimum investment for residential property.

\_\_\_\_\_ Does **not** meet the 10% increase in market value minimum investment for residential property.

\_\_\_\_\_ Meets the 15% increase in market value minimum investment for commercial/industrial property.

\_\_\_\_\_ Does **not** meet the 15% increase in market value minimum investment for commercial/industrial property.

By: \_\_\_\_\_  
(Butler County Appraiser's Office)

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

**FOR COUNTY CLERK'S OFFICE USE ONLY**

As of \_\_\_\_\_ 20\_\_, taxes on this parcel \_\_\_\_\_ are current or \_\_\_\_\_ are not current.

By: \_\_\_\_\_  
(Butler County Clerk's Office)

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