

Community Reinvestment Area Tax Exemption Program
Village of Sherwood Resolution No. 02-03-01 (March 25, 2002)

Complete top portion and forward to: Sherwood Community Reinvestment Area
C/O Defiance County CIC
197 A Island Park Avenue
Defiance, Ohio 43512

Name of Real Property Owner: _____

Address of Subject Property: _____

Exemption sought for: New Structure _____
 Remodeling _____

Date of project completion: _____, 2_____

Does this involve a Structure of historical or architectural significance? Yes _____ No _____

If yes, attach written certification of such by the designating agency or authorized agent.

Signature of Property Owner

Date

FOR OFFICIAL USE ONLY

Legal Description of Property Location: _____

Verification of Construction Cost: New structure \$ _____
 Remodeling \$ _____

Project meets requirements for an exemption under Resolution No. 02-03-01, Section 5:

- a. _____ 100% for ten years
- b. _____ 100% for twelve years
- c. _____ 100% for fifteen years

Project involves structure of historical or architectural significance: Yes _____ No _____

If yes, has written certification of appropriateness of the remodeling been submitted by the designating agency or authorized agent: Yes _____ No _____

Period of Exemption for this improvement: _____, 2_____
 through _____, 2_____

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program in the Village of Sherwood, Ohio.

Signature of Housing Officer

(To be filed with the County Auditor)