



Application

Community Reinvestment Area Tax Exemption Program

1. Name, address and phone number of property owner:

Name: _____ Phone: _____

Email: _____

Property Address: _____

Parcel Numbers: _____

2. Exemption sought for (select one): _____ New Structure _____ Remodel

3. Number of residential housing units found within the dwelling/structure: _____

4. Date of Completion: _____

5. Project Description: _____

6. Amount of investment: \$ _____ New Construction \$ _____ Remodel

I, (Applicant Name) _____, property owner(s), hereby request a tax exemption in accordance with the terms and conditions of City of Willowick Ordinance 2019-5 and the City of Willowick's Community Reinvestment Area (CRA) Program, certified on May 29, 2019. I (we) understand that this property is subject to inspection annually by the City of Willowick's Housing Officer, and that if the property is found to not be properly maintained or resided in by the owner of record, the Housing Officer may revoke the tax exemption at any time after the first year of exemption.

Signature of Applicant/Homeowner

Date

- ❖ Completed application with required documentation of expenses (invoices, receipts, etc.) must be submitted to: City of Willowick, 30435 Lake Shore Blvd., Willowick OH 44095.
- ❖ For more information please contact the Willowick Building Department at (440) 516-3000.