

**Neighborhood Revitalization Plan  
Application for Tax Rebate  
Under the  
City of Lansing  
PART 1**

(A non-refundable application fee of \$50 for remodeling or \$100 for new construction must accompany this application)

Owners Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_  
(Please Print)

Owners Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ School District #: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_  
(Copy from your tax statement or call the County Appraiser=s Office)

Legal Description of Property: (Use additional sheets if necessary or attach)

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**Proposed Property Use:**

RESIDENTIAL: \_\_\_\_\_ New or \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental or \_\_\_\_\_ Owner-Occupied  
\_\_\_\_\_ Residence \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
\_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Owner-Occupied

COMMERCIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

INDUSTRIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

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Does the applicant own the land? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the proposed project be on a foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will the proposed project be taxed? \_\_\_\_\_ Personal Property \_\_\_\_\_ Real Estate

Will it be permanently attached to the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

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I have read and do hereby agree to follow all application procedures and criteria. An itemized statement of costs will need to be turned in when I have completed my project, I understand this will be necessary to receive my rebate. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project.

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

\_\_\_\_\_  
Date

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**PART 1-B RESIDENTIAL**

*Any and all financial information reported on this form will be considered confidential  
and will not be subject to public disclosure as provided in K.S.A. 15-221 (b)*

**General**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to Be Demolished \_\_\_\_\_

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Estimated Cost of Improvements: (Please attach copies of cost documentation and Blueprints or Plans)

Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ **MUST BE OVER \$5,000 TO QUALIFY FOR REBATE**

Please check one of the following that best describes the construction of your property.

All Contractor Built (turn-key)     Pre-built Home moved to site     Modular Home

Contractor built with owner participation     All owner built     Other \_\_\_\_\_

Amount of Owner Participation: \_\_\_\_\_ Hours    \_\_\_\_\_ Percent of Project    \_\_\_\_\_ Value

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**Residential Remodel**

Square Feet of Living Area Added \_\_\_\_\_  Basement  Ground Floor  Upper Floor

Rooms to be Remodeled *(Please mark all that apply)*

Living Room     Bedroom     Bathroom     Kitchen

Dining Room     Basement     Other \_\_\_\_\_

Rooms to be Added *(Please mark all that apply)*

Living Room     Bedroom     Bathroom     Kitchen

Dining Room     Basement     Other \_\_\_\_\_

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

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\_\_\_\_\_  
Date