



## Vacant Commercial Structures Tax Credit Application Form

In order for applicants to receive the vacant commercial structures tax credit, please submit this application and all backup documentation before April 30<sup>th</sup> for the tax credit to be applied on the following Fiscal Year's tax bill (mailed July 1). Please submit this form to the Treasurer of Frederick County, 30 N. Market Street, Frederick, Maryland 21701.

### I. APPLICANT

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Property Location: \_\_\_\_\_

Square Footage of Rehabilitated Area: \_\_\_\_\_ Total Square Footage of Property: \_\_\_\_\_ Zoning of Property: \_\_\_\_\_

Vacant Square Footage of Property: \_\_\_\_\_ Date Vacated: \_\_\_\_\_ Date of Original Construction: \_\_\_\_\_

Date Rehabilitation Began: \_\_\_\_\_ Date Rehabilitation Completed: \_\_\_\_\_

Are pedestrian and vehicular connections to adjacent commercial properties provided? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please attach documentation from the Planning Department determining that such connections were not feasible).

I hereby make oath that I am the present owner of the above property and that the above information is true and correct to the best of my knowledge and information.

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

### II. COMMERCIAL REAL ESTATE BROKER

I certify that the above property is located in Frederick County (please indicate)  County /  City and had been vacant for a period not less than 18 of the previous 24 months prior to the lease or sale of the property, and was actively listed for sale or lease.

Firm: \_\_\_\_\_ Broker: \_\_\_\_\_ Date: \_\_\_\_\_

### III. STATE DEPARTMENT OF ASSESSMENT & TAXATION

First full year the improvements were added to the assessment roll: \_\_\_\_\_

Increase in assessment attributable to reconstruction and improvements to above referenced property: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Account No. \_\_\_\_\_

Supervisor of Assessments \_\_\_\_\_ Date \_\_\_\_\_

### IV. MUNICIPALITY

<u>Fiscal Year of Tax Credit</u>	<u>Assessment Increase</u>	<u>Tax Rate</u>	<u>Percent of Exemption*</u>	<u>Amount of Exemption</u>
_____	_____ X	\$ _____	_____	= \$ _____

Director, Economic Development \_\_\_\_\_ Date \_\_\_\_\_ Mayor, City of Frederick \_\_\_\_\_ Date \_\_\_\_\_

### V. FREDERICK COUNTY

<u>Fiscal Year of Tax Credit</u>	<u>Assessment Increase</u>	<u>Tax Rate</u>	<u>Percent of Exemption*</u>	<u>Amount of Exemption</u>
_____	_____ X	\$ _____	_____	= \$ _____

Director of Finance, Frederick County \_\_\_\_\_ Date \_\_\_\_\_ County Executive, Frederick County \_\_\_\_\_ Date \_\_\_\_\_

\*This is the \_\_\_\_\_ year the applicant has applied for the tax credit.