

APPLICATION FOR CERTIFICATION

Klamath Falls Vertical Housing Development Project

Please note:

- This form is to be submitted along with the following attachments:
 - A copy of the scaled site plan of the project
 - Legal description of the land involved in the project
- The non-refundable \$300 City processing fee and a \$350 County processing fee must accompany the application. If using checks, do not combine fees into one check.
- This form and all attachments must be submitted to the City of Klamath Falls by March 18th.
 Note: Applications submitted after March 18th of the current year could have tax exemptions applied to their property starting the year after the following year. For additional inquiries, contact the County Assessor’s office for more information at the following number (541) 883-5111.

City Use Only: Date Filed: _____ <input type="checkbox"/> VHDZ _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Rejected _____
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APPLICANT

Name:		Title:	
Organization:			
Mailing Address:			
City:	State:	ZIP:	FAX:
Phone:		Email:	

PROPERTY OWNER (If different from applicant)

Name:		Title:	
Organization:			
Mailing Address:			
City:	State:	ZIP:	FAX:
Phone:		Email:	

PROPOSED VHDZ PROJECT

Project/Property Name: _____
 Project/Property Address: _____ *Attach project legal description
 Applicable Tax Lot(s): _____

For the residential units being constructed or rehabilitated as part of the project:

<input type="checkbox"/> New Construction	Anticipated Date of Certificate of Occupancy: _____
<input type="checkbox"/> Acquisition/Rehabilitation	Year Building Was Built: _____

Will Existing Tenants Be Displaced, Relocated or Temporarily relocated due to acquisition/rehabilitation? YES NO

If yes, then...
 Anticipated Date of Occupancy or Re-Occupancy: _____
 Anticipated Date of Rehabilitation Work Completed: _____

PROJECT SITE

Number of Buildings Comprising Project: _____

If the project consists of more than one building or type of use, are they:	YES	NO
Located on Same Tract of Land?	<input type="checkbox"/>	<input type="checkbox"/>
Common Ownership for Federal Tax Purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Financed Pursuant to a Common Plan of Financing?	<input type="checkbox"/>	<input type="checkbox"/>
Common Property Management?	<input type="checkbox"/>	<input type="checkbox"/>

EQUALIZED FLOOR CALCULATIONS

Obtaining partial property tax exemption of participating districts on land improvements depends on the project's extent of residential use and the number of floors the project or building has/will have. The State provides a specific calculation to determine how much square footage is dedicated to residential use and is called the Equalized Floor Square Footage (EFSF). Note: project square footage calculations do *not* include parking, patio, or porch areas, so **be sure to exclude those from your building calculations.**

Enter the Total Square Footage of the building/project: _____ Square Feet

Enter the number of Actual Floors that are part of your building/project: _____ Floors

Divide the Total Square Footage by the number of Actual Floors _____ **EFSF**
 This will be your Equalized Floor Square Footage (EFSF):

EQUALIZED FLOORS FOR RESIDENTIAL USES

Enter the project's Total Square Footage of intended Residential Use: _____ Square Feet

Enter the EFSF from above: _____ EFSF

Divide the Total Square Footage of Residential Use by the EFSF _____ **Floors**
 To find the number of Equalized Floors for *Residential Use*:
(Round down to the nearest whole number)

NARRATIVE PROJECT SUMMARY

Please provide a project summary in narrative format, addressing the questions below. Replies should be succinct, but still provide adequate detail to fully describe the project. We anticipate most individual question responses will total less than one page.

1. Describe the proposed project. Describe the location, the current physical conditions of site (and building if rehab), amenities, design, and target population.

2. Describe the residential and non-residential uses by building, by floor.

3. **Rehab projects only.** Describe the proposed rehab work that will be completed to substantially alter or enhance the utility condition, design or nature of the structure. Please also provide documentation establishing the costs of construction and rehabilitation with respect to the project.

4. Complete the time table below with either the actual or estimated dates of: start of construction/rehabilitation, estimated construction/rehabilitation completion, certificate of occupancy issued, copy of exemption Certificate filed with the Tax Assessor, and the first tax year in which the partial exemption will be claimed.

Start of Construction/Rehab:

Construction Completion/Rehab:

Certificate of Occupancy:

First Tax Year of Exemption:

DECLARATION BY APPLICANT

The undersigned is duly authorized to submit this application on behalf of the named Owner. The information provided herein is true, correct and complete in describing a “vertical housing development project” inside a vertical housing development zone. The undersigned further authorizes the City of Klamath Falls to request further documentation or undertake any investigation deemed necessary to verify application information to complete its due diligence. I therefore request certification, so that the project property may be partially exempt from taxation, and I understand that receipt of the ten-year partial exemption depends on the county assessor’s satisfaction that the actual project meets and continues to meet applicable requirements.

Signature X	Date
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- (Check when applicable)** Site Plan or Improvement/Rehabilitation Details Attached
- (Check when applicable)** Land Legal Description Attached

SUBMIT THIS APPLICATION, THE PROCESSING CHARGE, AND THE ATTACHED FORMS TO:

City of Klamath Falls Development Services
ATTN: Joe Wall, Planning Manager
226 South Fifth Street
Klamath Falls, OR 97601
Phone: (541) 883-5272, jwall@klamathfalls.city

COMPLETE THE FOLLOWING:

<input type="checkbox"/>	\$300.00	City Application Processing Charge
<input type="checkbox"/>	\$350.00	County Assessor Processing Charge
		Total Amount

Amount of Application Charge Enclosed: \$ _____

IF PAYING WITH CHECKS SUBMIT SEPARATE CHECKS WITH THIS APPLICATION
(One check per entity: make payable to City of Klamath Falls and Klamath County Assessor’s Office)