



CITY OF BAYTOWN

REVITALIZATION INCENTIVE ZONE (RIZ)

Application

I. OWNER INFORMATION (Please Print)

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant Name (if different): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applying for: Program 1: Basic Incentive Program 2: Tax Refund Incentive

II. PROJECT ELIGIBILITY

List the address and legal descriptions of the proposed project in Table 1A. List any other properties the *owner or applicant* owns in Baytown in Table 1B. Attach metes and bounds description if no address or legal description is available. Attach a map showing the location of the project.

Table 1A – Proposed Project

Address of Improvement (Project Location)	Zip Code	Legal Description		
		Subdivision Name	Lot No.	Block No.

Table 1B – Additional Properties (attached another sheet if necessary)

1. For the property listed in Table 1A, please check the box(es) below to indicate if:

- Owner/applicant owes a debt to the City of Baytown (taxes, liens, etc.)
- The property received assistance through the City's Owner-Occupied Housing Rehabilitation Program or within five years of the commencement of the improvement for which an RIZ incentive is sought;
- The proposed improvements are subject to a Chapter 380 Economic Development Agreement with the City of Baytown;
- The proposed improvements are subject to a Tax Abatement Agreement with the City of Baytown; and/or
- The proposed improvements are applicable to properties which have received assistance through the City of Baytown's Façade Program within five years of the commencement of the improvement for which an RIZ incentive is sought.



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2. Is the proposed project type (check all that applies):

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single Family | Multi-family
Units | Commercial | Industrial | Mixed Used | Livable
Centers |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Owner Occupied | Rental Property | | | | |

3. Please describe the proposed Project: _____

4. If your project is a commercial, industrial, or mixed-use project, please describe the type(s) of business(es) that is/are being proposed: _____

5. Is this a new construction or improvement to existing project?

- New Construction Improvement to existing project

6. What is the estimated cost of your proposed project? \$ _____

7. Will the eligible improvement* be equal to at least 20% of the current Harris County Appraisal District (HCAD) assessed value of the structure? Yes No

**Eligible improvement includes only physical development to real property. It does NOT include: personal property such as furniture, appliances, equipment, and/or supplies. Total eligible improvement costs shall be equal to or exceed 20% of the HCAD appraised value of the improvements during the year rehabilitation occurs.*

8. What is the total square footage of your improvement/project? _____sq. ft.

9. What is the anticipated completion date of the proposed project? _____

10. How did you hear about this opportunity? _____



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Application

For Office Use Only

Council District: _____

Date Application Received: _____

Date Application Completed: _____

Project Type? Single family Multifamily Commercial Industrial Mixed-Use
 New construction Rehabilitation

Certified? Program 1 Program 2 Improvements prior to application? Yes No

Estimated project completion date? _____ Minimum capital investment met? Yes No

HCAD Account No. _____ Liens/taxes owed on property? Yes No

Façade program participant? Yes No Subject to Tax Abatement Agreement? Yes No

Previous Housing Rehab through CDBG Yes No Subject to 380 Agreement? Yes No

Tax current on this property? Yes No Tax current on other properties? Yes No

Owner Verified? Yes No Certified by: _____ Date certified? _____

If not certified, reason _____

Additional Comments: