

Date February 26, 2007

RESOLUTION DENYING APPLICATION FOR TAX ABATEMENT  
(5680 SE 19<sup>th</sup> Street)

WHEREAS, the Iowa Urban Revitalization Act, Iowa Code Chapter 404 (the "Act"), provides for partial exemption from property tax for the actual value added by improvements to property located in a designated Urban Revitalization Area which are consistent with the Urban Revitalization Plan for such Area; and,

WHEREAS, the Act provides that persons making improvements must apply to the City Council for tax abatement, and the City Council shall approve the application by resolution, subject to review by the Assessor, only if it finds (a) the project is located in a designated Urban Revitalization Area; (b) the project is in conformance with the Urban Revitalization Plan for such Area; and (c) the improvements were made during the time the area was so designated; and,

WHEREAS, the City Staff recommends that the application for tax abatement on the value added by the construction of a new single-family dwelling at 5680 SE 19th Street be denied for the reason that the dwelling is not served by the public sewer system as required by the Urban Revitalization Plan, and the property is not eligible for a waiver of the requirement under the Plan.

NOW THEREFORE, BE IT RESOLVED, by the City Council of the City of Des Moines, Iowa, that the application for tax abatement on the value added by improvements to 5680 SE 19th Street is hereby DENIED.

( Council Communication No. 07-094 )

MOVED by \_\_\_\_\_ to adopt.

FORM APPROVED:

*Roger K. Brown*  
Roger K. Brown, Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
TOTAL				

MOTION CARRIED

APPROVED

Mayor

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

\_\_\_\_\_  
City Clerk

TAX 2006 - 00505

19

Date Received : \_\_\_\_\_

DEC 06

2006

Tax Abatement Application - Des Moines, Iowa

<b>Property &amp; Owner/ Authorized Agent Info</b>	Address: 5680 SE 19 <sup>th</sup> Street
	Legal description:
	Polk Co. Assessor's District & Parcel #: 120/03367- (Go to: <a href="http://www.assess.co.polk.ia.us/">http://www.assess.co.polk.ia.us/</a> ) district parcel #
	Title holder or contract holder name: Tim Kinney
	Address of owner if different than above: _____
	Authorized Agent: _____ Phone #: (____) _____ if different than above
<b>Use Classification</b>	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
	<b>Owner-Occupied?</b> <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Duplex or Triplex <input type="checkbox"/> Condo or Townhouse
	<b>Renter-Occupied?</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex or Triplex <input type="checkbox"/> Condo or Townhouse <input type="checkbox"/> Multi-Family
<b>Project Type</b>	<input checked="" type="checkbox"/> New structure <input type="checkbox"/> Addition <input type="checkbox"/> Renovation
<b>On City Sewer ?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Describe Improvements</b>	New home
<b>Completion Date</b>	Sept. 2006 <input checked="" type="checkbox"/> Estimated date <input type="checkbox"/> Actual date <small>month / year</small>
<b>Estimated Cost of Improvements</b>	\$ 170,000
<b>Abate. Schedule</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4A <input checked="" type="checkbox"/> 4B See reverse side for schedule information
<b>Tenant Information</b>	If project was rehabilitation of residential property, were there tenants when project started? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, list the tenant's name, date the tenant occupancy began and relocation benefits paid to each tenant on the reverse side of this form

Return application to:  
City of Des Moines /  
Permit & Development Center  
602 Robert Ray Dr.  
Des Moines, IA 50309

Questions:  
Phil Poorman at 515-283-4751 or [taxabate@dmgov.org](mailto:taxabate@dmgov.org)

**Filing this Application Does NOT Signify Approval**

Date Received : \_\_\_\_\_

06- \_\_\_\_\_

<i>Abatement Schedule #</i>	<i>Use</i>	Must increase building assessment by: <u>Residential:</u> at least 5% <u>Commercial:</u> at least 15% <i>Amount eligible for abatement</i>	<i>How much of improvement's value is abated?</i>	Improvement must qualify with applicable - zoning, - building <i>and</i> - fire codes  <i>Where?</i>
<b>1</b> (for improvements)	Residential only	Up to \$20,000	115% for 10 years	Anywhere in city, provided zoning is appropriate
<b>2</b> (for new construction & major improvements)	Residential , Commercial and/or Industrial	No limit	1 <sup>st</sup> year - 80% 2 <sup>nd</sup> year - 70% 3 <sup>rd</sup> year - 60% 4 <sup>th</sup> year - 50% 5 <sup>th</sup> & 6 <sup>th</sup> year - 40% 7 <sup>th</sup> & 8 <sup>th</sup> year - 30% 9 <sup>th</sup> & 10 <sup>th</sup> year - 20%	<u>Industrial</u> permitted in Central Place & Guthrie Ave. urban renewal areas.
<b>3</b> (new construction & major improvements)	Residential , Commercial and/or Industrial	No limit	100% for 3 years	Anywhere in city provided zoning is appropriate.
<b>4A</b> (new construction & major improvements)	Residential & Commercial with 75% of space for residential	No limit	100% for 10 years	Must be in specified area which are generally located in the downtown and near-downtown
<b>4B</b> (new construction & major improvements)	Residential & Commercial with 75% of space for residential	No limit	100% for 5 years	Anywhere in city. <u>Not</u> permitted in area generally west of the airport where public sewer is unavailable.

**Tenant Relocation:** If this project is rehabilitation of residential property, list the tenant's name, date the tenant occupancy began and relocation benefits paid to each tenant. Attach additional paper if needed.

<i>Tenant Name</i>	<i>Unit #</i>	<i>Date Tenancy Began</i>	<i>Relocation Benefits</i>	
			<i>Amt. Paid</i>	<i>Date of Payment</i>

**Signature** I certify these statements are true to the best of my knowledge.



12-08-06  
Date