

**Community Reinvestment Area Number Two Tax Exemption Program Application**

Village of Canal Winchester  
36 South High Street  
Canal Winchester, Ohio 43110

**Part A:** (Please complete Part A of Application and return to the Village Municipal Office)

1. \_\_\_\_\_  
Name of Real Property Owner \_\_\_\_\_  
Date
2. \_\_\_\_\_  
Address of Subject Property Applying for Tax Exempt
3. \_\_\_\_\_  
Name of Enterprise /Company \_\_\_\_\_ \_\_\_\_\_  
Contact Person Telephone
4. \_\_\_\_\_  
Forms of Business of Enterprise (i.e. corporation, partnership, etc)
5. Exemption sought for: New Construction \_\_\_\_\_ Remodeling \_\_\_\_\_  
a) If commercial or industrial enterprise, give nature of business (manufacturing, wholesale, retail, warehouse, etc.) to be conducted at site: \_\_\_\_\_  
b) Square footage involved: \_\_\_\_\_  
c) Estimate the amount to be invested for which abatement is sought (structure cost): \$ \_\_\_\_\_  
d) Date of completion: \_\_\_\_\_

6. Does this project involve a structure of historical significance? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
\* If yes, attach written certification of such by the designating agency or agent. (Landmarks commission, etc.)

Pursuant to O.R.C, section 5709.85, the undersigned applicant, by its signature, agrees to comply with the nondiscriminatory hiring policy adopted under O.R.C. section 5709.832

Signature of Owner or Agent	Telephone	Date
Name and Title of Preparer	Telephone	Date

**Part B:** (To be filled out by the Village of Canal Winchester)

**Application #** \_\_\_\_\_ **Date Received** \_\_\_\_\_

1. I.D. Number of CRA \_\_\_\_\_
2. Effective Date of Legal Resolution: \_\_\_\_\_
3. Verification of Construction Project:  
New Construction: Yes \_\_\_\_\_ No \_\_\_\_\_  
Remodeling: Yes \_\_\_\_\_ No \_\_\_\_\_
4. Project Meets Requirements for an Exemption under Section 2 of Resolution 9-96:  
Section A: Yes \_\_\_\_\_ No \_\_\_\_\_  
Section B: Yes \_\_\_\_\_ No \_\_\_\_\_  
Section C: Yes \_\_\_\_\_ No \_\_\_\_\_
5. Project involved structure of historical or architectural significance: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Period of Exemption for the Project: \_\_\_\_\_

I verify that the project described herein meets the necessary requirement for the "Community Reinvestment Area Number Two" program in the Village of Canal Winchester, Fairfield County.

Housing Officer	Signature	Date
-----------------	-----------	------