

**APPLICATION for Partial Tax Exemption for Residential
Construction Work in Certain Cities (RP-485-t)**
ADDITIONAL FORM for PROJECT DESCRIPTION



CONTACT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

PROJECT ADDRESS: _____

Instructions: Please click on boxes below to enter scope of work proposed for each project.
Please save this form with the following format as either a WORD document or PDF:

Project Area: A drop-down box is provided for various possible rehab projects for this property. If there is a project name that isn't included in the list, choose OTHER and type in the name.

Description: Please provide a description of each project with as much specific detail as possible.

Estimated Cost: Please provide an estimated cost for each project scope item.

Outside Contractor: Please check YES/NO if you intend to utilize outside contractor for this specific project scope.

PROJECT AREA	DESCRIPTION FOR PROJECT	ESTIMATED COST	OUTSIDE CONTRACTOR
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/> NO <input type="checkbox"/>

TOTAL PROJECT COST: \$

Narrative: {Optional}

Please indicate source of funding for rehabilitation:

Cash	Amt. \$ _____
Credit	Amt. \$ _____
Bank Financing	Amt. \$ _____

Name of Bank: _____

Do you have the property insured? Y/N:

Insurance Company: _____

Insurance Agent Name: _____

Estimated Time Frame to complete Project Scope:

Start Date:

Completion Date:

Form completed by: _____

Date: _____

Please forward your completed Tax Exemption form (RP-485-t) and this additional project description form onto the City of Jamestown Department of Development:

By Mail:

Department of Development
200 East Third Street 3rd Floor
Jamestown, NY 14701

Or Email us at:

dod@cityofjamestownny.com