

Neighborhood Revitalization Program APPLICATION PART 1

		Project #
		To be assigned by the City
		lication to the City of Newton Office of Revitalization and tonkansas.com when submitting a building permit application.
Owner's Name:		Daytime Phone No
Owner's Email Ado	lress:	
Owner's Mailing A	ddress:	
Address of Propert	ry:	
Parcel Identificatio	n Number:	(Available on tax statement or contact County Appraiser's Office)
Existing Property Type: Residential		☐ Commercial ☐ Industrial
Existing Use:		
Proposed Property	Use: Under the correct u	se, please check a box for each number.
RESIDENTIAL:	1) New	\square Rehabilitation \square Demolition
	2) 🗌 Rental	\square Owner Occupied
	3) Single Family	☐ Multi-Family (# of units)
COMMERCIAL:	1) New	☐ Rehabilitation ☐ Demolition
	2) Rental	\square Owner Occupied
INDUSTRIAL:	1) \square New	☐ Rehabilitation ☐ Demolition
	2) 🗌 Rental	☐ Owner Occupied

(Application continued on back side)

Neighborhood Revitalization Program Newton, Kansas

APPLICATION PART 1

(Continued from other side)

Occupancy Status During Last 5 Years:					
List Buildings to be Demolished:					
Description of Proposed Improvements:					
(Be specific – use additional sheets if necessary)					
Estimated Cost \$(Am	ount from Building Permit)				
Building Permit #		Date Building Permit Issued:			
Estimated or Actual Star	t Date:	Estimated Completion Date:			
procedures and criteria. I further understand that this application will be void one year from the date below if improvements or construction has not been started. I also understand that any taxing entity may terminate this agreement at any time following 30 days' notice. Signature of Property Owner Date					
FOR CITY OF NEWTON USE ONLY					
BASED UNON THE INFORMATION SUPPLIED BY THE APPLICANT, THE PROJECT CONFORMS TO PROGRAM GUIDELINES.					
☐ YES	\square NO	POSSIBLY			
Current appraised value of the property and existing improvements:					
Received By:		Date:			