

City of York, Nebraska Community Redevelopment Authority

Request for Tax Increment Financing Send completed form to scrawford@cityofyork.net

Project:	
Address:	
Telephone No:	
Contact:	
Brief description of the	business:
Present ownership of the	e site:
Present Project:	Building square footage, size of property, description of buildings - materials, etc. Attach site plan, if available.
	Business Name: Address: Telephone No: Contact: Brief description of the

Project (Continued)

5. If property is to be subdivided, show division planned.

6. Estimated Project Cost (please enclose construction proforma, if available)

a. Land Acquisition	\$			
b. Site Development	\$			
c. Building Cost	\$			
d. Equipment	\$			
e. Architectural & Engineering Fees	\$			
f. Legal Fees	\$			
g. Broker Costs	\$			
h. Financing Costs	\$			
i. Contingencies	\$			
j. Other (please specify)	\$			
Total	\$			
7. Total Estimated Market Value at Completion				
8 Source of Funding:				
a. Equity	\$			
b. Bank Loan	\$			
c. Tax Increment Assistance	\$			
d. Industrial Revenue Bonds	\$			
e. Other	\$			

Project (Continued):

9. Name & Address of architect, engineer and general contractor:

Architect: Engineer: General Contractor: 10. Estimated real estate taxes on project site upon completion of project: (Please show calculations.) 11. Project Construction schedule: Construction Start Date: Construction Completion Date: Year % Complete If phased project: _____ Year _____%Complete 12. Form of tax imcrement financing: Pay as you go _____ or Bond Issuance

Tax Increment Finance Request:

1.	Describe amount and purpose for which tax increment financing is required:
2.	Statement of necessity for use of tax increment financing project:
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3.	Municipal Reference (if applicable). Please name any other municipalities where in the applicant, or other corporations the applicant has been involved with, has completed developments within the last five years:

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