

**COMMUNITY REINVESTMENT AREA
INDUSTRIAL AND COMMERCIAL
PROJECT FACT SHEET**

(COMMUNITY REINVESTMENT AREAS #1-#5)

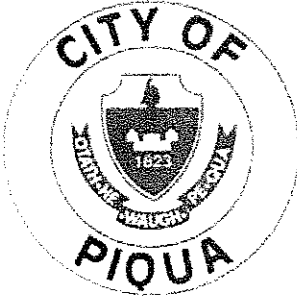
CITY OF PIQUA – DEVELOPMENT DEPARTMENT
201 WEST WATER STREET
PIQUA, OH 45356
PH. 937.778.2062 FAX 937.778.0809
www.piquaoh.org

The Community Reinvestment Area Program is a statewide tax incentive program that is managed and administered by local municipalities and counties throughout Ohio. The program provides property tax abatements on the increased assessed value from an investment in real property. Taxes are abated for the maximum period specified below for increases in property values added to the tax rolls after a project is certified by the Community Reinvestment Area program. Taxes are not reimbursed or abated for investments that are on the tax rolls prior to certification of the project.

To qualify for the Community Reinvestment Area tax abatement, the applicant must make an investment in real property meeting the following thresholds:

	\$25,000 to \$50,000	\$50,000 to \$100,000	\$100,000 or More
Commercial and Industrial Project	5 years 100% exemption	10 years 100% exemption	15 years 100% exemption

For commercial and industrial projects in CRA Areas #1-#5, the Development Department will verify the application, inspect the premises before and after completion of the project and certify the project. Upon a completed application and certification, the Development Department will forward these materials to the Office of the County Auditor. Please note that certified projects are required to be annually visited by City Staff to ensure that all dwelling units are in good repair and meet applicable codes and standards.



**COMMUNITY REINVESTMENT AREA
INDUSTRIAL AND COMMERCIAL PROJECT
APPLICATION AND CERTIFICATION**

(COMMUNITY REINVESTMENT AREAS #1-#5)

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FOR CITY OF PIQUA DEVELOPMENT DEPARTMENT USE ONLY – DASHED BOX ONLY

Date Rcvd. By Program:	CRA Control Number:
Date Certified:	
Date School Board Notification(s):	
Date Sent to County Auditor:	

SECTION I. APPLICANT INFORMATION

Name:	Contact Person:
Address:	
City, State, ZIP:	Phone No.:

SECTION II. PROJECT INFORMATION

Address:	
City, State, ZIP:	
Parcel No.:	Zoning:
Deed Reference:	CRA Area:

SECTION III. PROJECT DESCRIPTION

Please provide a detailed project description of the improvements, expansions, renovations or new construction in which abatement from real property taxes is being requested:

SECTION IV. PROJECT TIMELINE

Date Project Will Commence:
Date Project Will Be Completed:

SECTION V. CURRENT VALUE OF PROPERTY

Report the market value of the property as determined for local property taxation. Note: This information is readily accessible from the Office of the County Auditor, 201 West Main Street, Troy or via internet at www.miamicountyauditor.org

Address:
City, State, ZIP:
Parcel No.:
Land Value:
Improvements Value:
Total Value:

SECTION VI. REQUIRED ATTACHMENTS

Submit and attach the following exhibits with this application:

Attachment #1: A brief narrative on the industry/commercial enterprise, including figures for full time and part time employment, date established, headquarters location and industrial/commercial classification.

Attachment #2: Two copies of the deed for the property for which the application is being submitted.

Attachment #3: Two copies of the legal description for the property for which the application is being submitted.

Attachment #4: Two copies of the site plan of the property for which the application is being submitted.

Attachment #5: Two copies of the tax duplicate from the Office of the Treasurer of Miami County containing the Parcel Identification Number.

SECTION VII. BUSINESS INFORMATION

Nature of Business	
Four Digit SIC Code	
Form of Business (Corporation, Partnership, Proprietorship, etc.)	
Name of Principal Owners	

SECTION VIII. NECESSITY FOR INCENTIVE

Please state the business's reason for requesting the tax incentive.

SECTION IX. UTILITY USAGE

Electric	Current Average Monthly kWh and Demand	kWh		Demand
	Proposed Average Monthly kWh and Demand	kWh		Demand
	Proposed Service	Voltage	Amps	Phase
Natural Gas	Current Average Monthly Usage			
	Proposed Average Monthly Usage			
Water	Current Average Monthly Usage			
	Proposed Average Monthly Usage			
Sewer	Current Average Monthly Usage			
	Proposed Average Monthly Usage			

SECTION X. EMPLOYMENT INFORMATION

	Current	Projected After Improvement
Full Time Permanent Employees		
Part Time Permanent Employees		
Temporary Employees		
Total Employees		

Will the project involve the relocation of employment positions or assets from one Ohio location to another? _____

State the timeframe for any new employment projected after the improvements are made? _____

State the proposed schedule of hiring (itemize by full and part time and permanent and temporary employees

	Year One	Year Two	Year Three
Full Time Permanent Employees			
Part Time Permanent Employees			
Total Permanent Employees			
Temporary Employees			
Total Employees			

Indicate the total amount of existing payroll itemized by full and part time and permanent and temporary employees

	Year One
Full Time Permanent Payroll	
Part Time Permanent Payroll	
Total Permanent Payroll	
Temporary Payroll	
Total Payroll	

Estimate the total amount of annual payroll such new employees will add (new annual payroll must be itemized by full and part time and permanent and temporary new employees):

	Year One	Year Two	Year Three
Full Time Permanent Employee Payroll			
Part Time Permanent Employee Payroll			
Total Permanent Employee Payroll			
Temporary Employee Payroll			
Total Employee Payroll			

SECTION XI. PREVIOUS TAX INCENTIVES

Has the application previously entered into a Community Reinvestment Area Agreement, or received Community Reinvestment Area benefits with the City of Piqua in the past? _____

If yes, please provide the dates and terms of the Community Reinvestment Area benefit.

Date	Term

SECTION XII. ADDITIONAL INFORMATION

Does the applicant owe any delinquent taxes to the State of Ohio or a political subdivision of the state? _____

Does the applicant owe any moneys to the State of Ohio or a state agency for the administration or enforcement of any environmental laws of the State of Ohio? _____

Does the application own any other moneys to the State of Ohio, a state agency, or a political subdivision of the State of Ohio that are past due whether the amounts owned are being in contested in a court of law or not? _____

If yes to any of the above in Section XII, please provide details of each instance including, but not limited to the location, amounts and/or case identification numbers (add additional sheets if necessary):

SECTION XIII. DECLARATIONS AND SIGNATURES

The applicant agrees to supply additional information upon request.

Upon completion of the project and the issuance of a Certificate of Occupancy, the applicant shall certify costs for this project on forms provided by the City of Piqua. This certification provided by the application along with this application and verification by the City of Piqua will be certified to the Auditor of Miami County, Ohio for tax exemption.

The submission of this application expressly authorizes the City of Piqua, Ohio to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the application may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the local jurisdictions considering the incentive request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of Section 9.66(C)(1) and Section 2921.13(D)(1) of the Ohio Revised Code dealing with penalties for falsification which could result in the forfeiture of all current and future economic and community development assistance benefit as well as a fine of not more than \$1,000.00 and/or a term of imprisonment of not more than six months.

_____ Name of Enterprise	_____ Date
_____ Signature	_____ Title

- **A copy of this application must be forward by the City of Piqua, Ohio to the effected Boards of Education.**
- **Upon completion of the project and the issuance of a Certificate of Occupancy, the applicant shall certify costs for this project in the areas directly below. The certification provided by the applicant along with the this application and verification by the City of Piqua will be certified to the Office of the Auditor of Miami County for tax exemption.**
- **Please note that copies of this application must be included in the finalized Community Reinvestment Area Certification submitted to the Miami County Auditor.**



This is the end of the CRA Application. Do not fill out portions below until consultation with Development Department Staff

END OF APPLICATION – END OF APPLICATION – END OF APPLICATION

CERTIFICATION SECTION

SECTION XIV. INVESTMENT AMOUNTS

Report the amount invested by the applicant to establish, expand, renovate or occupy the structure:

Acquisition of New Buildings:
Additions and New Construction:
Improvements to Existing Buildings:
Total New Project Investment:

SECTION XV. FINAL PROJECT DESCRIPTION

SECTION XVI. CERTIFICATE OF OCCUPANCY

A Certificate of Occupancy for this Project was issued on: _____

SECTION XVII. REQUIRED ATTACHMENTS

Attachment #1: Certificate of Occupancy

Attachment #2: Receipts/Invoices/Statements that demonstrate investment in the project.

SECTION XVIII. DECLARATIONS AND SIGNATURES

The applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of Section 9.66(C)(1) and Section 2921.13(D)(1) of the Ohio Revised Code dealing with penalties for falsification which could result in the forfeiture of all current and future economic and community development assistance benefit as well as a fine of not more than \$1,000.00 and/or a term of imprisonment of not more than six months.

Name of Enterprise

Date

Signature

Title

Printed name of signature

FOR CITY OF PIQUA DEVELOPMENT DEPARTMENT USE ONLY – DASHED BOX ONLY

Date Rcvd. By Program:	CRA Control Number:
Date Certified:	
Investment Amount:	
Length/Rate of Exemption:	