Application for Tax Abatement of Revitalized Structures

City of Manassas, Virginia
Commissioner of the Revenue
Real Estate Division (RED)
9027 Center Street
Room 301
Manassas, Virginia 20110

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Visit our Web Site: www.manassascity.org/realestate

Print

OFFICE USE ONLY

Residential Application Fee: $50.00
All Other Type Application Fee: $50.00

Application #: _____

(Application Fee Non-Refundable)

Note: Prior to filing this application, review the ordinance criteria to determine if the planned revitalization qualifies. Contact the RED staff for assistance. Improvements made prior to the RED base value appraisal inspection is not eligible for the tax abatement. All residential structures must be at least 25 years old.

Residential: Market value of original structure must increase a minimum of 25%. Maximum addition cannot exceed 30% of original structure.

Commercial and Industrial: Added sq. ft. above 100% will result in prorated abatements for additions above 100%; market value must increase a minimum of 25%. Age of 20 years or more.

Multifamily: Market value minimum increase is 25%; sq ft. maximum is 30%. Age of 25 years or more.

Hotel and Motels: Structure must be at least 35 years old; market value minimum increase is 25%.

Owner's Name:_____
Contact Person:_____
Property Address:_____
_____
Work Phone No.:_____
Home Phone No.:_____
E-Mail:_____

Type of Property: (check one)

☐ **Residential** ☐ **Commercial/Industrial**
☐ **Multifamily** ☐ **Hotel/Motel**

Building Permit Number	**Date Permit Approved**	**Description of Construction (Required)**
_____	_____	_____
_____	_____	_____

(Attach extra sheets if necessary)

Would you have completed this renovation/rehabilitation without the tax abatement process?___Y ___N
Comments:_____
_____

I hereby request partial abatement from real estate taxes for qualifying property to be renovated, rehabilitated or replaced as provided by City Code. I certify that the statements contained in this application is true and correct and is to the best of my knowledge. I certify that I am the owner or have the authority of the owner to make this application.

Date of Application:_____ **Owner's or Agent Signature**_____
Print Name_____