

**CITY OF MEDINA, OHIO**  
**COMMUNITY REINVESTMENT AREA TAX EXEMPTION PROGRAM**

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business or Industry: \_\_\_\_\_

Address of Subject Property:  
 \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Permanent Parcel Number: \_\_\_\_\_ Building Permit Number: \_\_\_\_\_

☐ Project is in the York Township/City of Medina CEDA

Project meets the requirements for an exemption under ORC 3735.67

Check One	Type of Property	Minimum Improvement	Period of Exemption
( ) (D) (1)	Existing 1 or 2 family dwelling (Remodeling)	\$7,500.00	9
( ) (D) (2)	Existing structure containing more than two units (remodeling)	\$25,000.00	9
( ) (D) (3)	Construction of residential structure (new building)	No minimum (new building)	9
( ) (D) (4)	Remodeling of any commercial or industrial property	\$25,000	12
(X) (D) (5)	Construction of any industrial or commercial structure	No minimum (new building)	15

Exemption Years	Division (D) (1)	Division (D) (2)	Division (D) (3)	Division (D) (4)	Division (D) (5)
1-5	100%	100%	100%	100%	100%
6	80%	80%	80%	100%	100%
7	60%	60%	60%	100%	100%
8	40%	40%	40%	100%	100%
9	20%	20%	20%	80%	100%
10	0%	0%	0%	60%	100%
11	0%	0%	0%	40%	100%
12	0%	0%	0%	20%	80%
13	0%	0%	0%	0%	60%
14	0%	0%	0%	0%	40%
15	0%	0%	0%	0%	20%
16	0%	0%	0%	0%	0%

Does this project involve a structure of historical or architectural significance? Yes \_\_\_\_\_ No \_\_\_\_\_

Projected project completion date: \_\_\_\_\_

Square feet of project: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

Anticipated new jobs to Medina as a result of this project: # \_\_\_\_\_

I hereby depose and say that all the above statements and any exhibits transmitted herewith are true.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Copy of Building Permit and Occupancy Permit must be attached when this Application is submitted.**

### HOUSING OFFICER APPROVAL

School District: \_\_\_\_\_ Date of contact: \_\_\_\_\_

Completion Date/Occupancy Permit Issued : \_\_\_\_\_ ( Permit No.) \_\_\_\_\_

I certify that the project described herein meets the necessary requirements of Ordinance No. 178-07 for the Community Reinvestment Area Program in the City of Medina.

Housing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

02-11-09

**ELIGIBILITY BEGINS THE TAX YEAR THE AUDITOR'S OFFICE CERTIFIES A VALUE FOR 100% OF THE COMPLETED CONSTRUCTION.**