



Office of the Commissioner of the Revenue County of Alleghany 9212 Winterberry Avenue, Suite E Covington VA 24426 540-863-6640

Application Number:

TAX EXEMPTION REHABILITATED/RENOVATED STRUCTURES APPLICATION FORM

I hereby request partial exemption from real estate taxes for qualifying property to be rehabilitated/renovated as provided by County Ordinance Section 58-105 of the Alleghany County Code.			
Owner:Property Location:			
Map Number: Record Number:			
Year Built:	Built: Estimated Cost of Work:		
Check one: Residential (\$50.00)	☐ Multifamily (6 units or more) (\$100.00)	Commercial (\$100.00)	
Description of work to be done:			
Copy of Appropriate Building Permit attached Building Official Signature I certify that the statements contained in this application are to the best of my knowledge both correct and true and that I have received a copy of the aforementioned ordinance. I have reviewed and understand the requirements of this program. I also understand that the application fee is non-refundable regardless of whether the property qualifies for the			
exemption. I further understand that I must complete the work and notify the Commissioner of the Revenue's office within two (2) years of the date of this application or this application will expire and I will not be eligible for this			
exemption.			
Mailing Address:	Given under my hand this Owner or Agent Signature(s):	day of, 20	
OFFICIAL USE ONLY			
Date of Initial Inspection: Date of Final Inspection: Permit No:	Appraiser: I _ Amount of Exemption (if qualifying	Base Value: \$ Rehabilitation Value: \$ y): \$	
Date: Exemption effective January 1st: Exemption ends December 31st:			