



# Incentive Reimbursement Request Form

PHYSICAL ADDRESS OF PROPERTY: \_\_\_\_\_ PIN #: \_\_\_\_\_

**Please select your approved Incentive(s):**

- Article E- Preservation Tax Incentive
- Article F- Cinemas, Bowling Centers and Other Family Entertainment Facilities
- Article G- Redevelopment of Existing Vacant Commercial Buildings 25,000 sqft or greater
- Article H- Occupancy in Existing Vacant Buildings Located in the Central Business District
- Article I- Redevelopment Enhancement Incentive
- Article J- Hotel/Short-Term Rental Incentive

**Applicant Requests Reimbursement of:**

- Building Permit Fees
- Business License Fees
- Capital Recovery Fees (Water and/or Sewer)
- Hospitality Fees
- Property Taxes

\*To receive reimbursement in accordance with your signed agreement please provide documentation of payments made.  
 \*\*\*\*\*  
 I hereby certify that all information provided herein is correct, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

PZE#: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Applicant's approved incentive(s):

- Article E      Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Article F      Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Article G      Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Article H      Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Article I      Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_
- Article J      Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved Reimbursements:

- Building Permit Fees  
Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_
- Business License Fees  
Customer Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_
- Capital Recovery Fees  
Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_
- Hospitality Fees  
Customer Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_
- Property Taxes  
Tax Year: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

\*Reimbursements for Business License, Hospitality Fees and Property Taxes are only applicable to City associated fees.

Reimbursements Completed

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Fees

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○ Building Permit Fees

Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_  
Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_  
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Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

○ Business License Fees

Customer Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

○ Capital Recovery Fees

Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_  
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Permit Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

○ Hospitality Fees

Customer Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

○ Property Taxes

Tax Year: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Reimbursement: \_\_\_\_\_

Reimbursements Completed

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_