

BALTIMORE COUNTY REVITALIZATION PROPERTY TAX CREDIT

Name of Applicant _____

Property Address _____

Mailing Address _____

Phone Number _____

E-Mail Address _____

Property Tax Account Number/Parcel Number _____

Signature

Date

Name

(To be completed by the Baltimore County oversight agency)

Commercial, Residential or Landmark District: _____

Agency Official

Date

(To be completed by the State Department of Assessments & Taxation)

Prior Assessment \$ _____ Increase in Assessment \$ _____

Assessment subject to tax credit

Year 1 (____) _____
Year 2 (____) _____
Year 3 (____) _____
Year 4 (____) _____
Year 5 (____) _____

Year 6 (____) _____
Year 7 (____) _____
Year 8 (____) _____
Year 9 (____) _____
Year 10(____) _____

Assessment Official

Date

Approved _____

Denied _____

Director of OBF (or Designee)

Date

Adopted 4/27/2011

Mail to: Office of Planning
105 W. Chesapeake Ave., Suite 101
Towson, MD, 21204