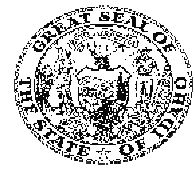




**Application for Property Tax Exemption  
Idaho Code 63-602W  
Exemption for Site Improvements Associated with Land  
April 15, 2019**



**Primary Developer Contact Information**

Tax Code Area: (TAG) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
email address \_\_\_\_\_

**Property and Ownership Information for Subdivision:**

Subdivision Name: \_\_\_\_\_

A description of the property for which this application is being made must be submitted on the entire subdivision. A complete list of the platted lots/parcels including parcel numbers, site addresses, (if assigned), lot and block numbers and the current asking prices for those lots in the developers name currently on the market and date of conveyance and the sale price for any lots already sold. **Only one subdivision per application.**

Was the subdivision bonded prior to signing the plat? If yes, please attach the documentation. \_\_\_\_\_

Was all of the infrastructure in place when the plat was recorded? If no explain. \_\_\_\_\_

List all of the legal owner(s) of the subject property at the time of platting (**all Must sign**) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do all of the above listed owners still own the subject property? If no, explain \_\_\_\_\_

Date the plat was recorded \_\_\_\_\_ Instrument (record) number \_\_\_\_\_

**Cost of Improvements**

Please provide supporting documentation for all costs reported

On-site Electricity _____	Road Construction _____
On-site Water/Sewer _____	Sidewalks/Concrete _____
Other on-site Utilities _____	Total off-site Costs _____
Legal fees _____	Engineering fees _____

**Certification by Taxpayer: Under penalty of perjury I declare all information provided is true, complete, and correct.**

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

**Return this form and attachments to Kootenai County Assessor, 451 Government Way, P.O. Box 9000 Coeur d'Alene ID 83816-9000.  
Contact us at: kcassr@kcgov.us or (208) 446-1500**

**County Use Only**

Approved _____	Denied _____	Apply to tax year _____
Total Market Value _____		Total Value NOT Qualified _____
Total Exempted Value _____		Total Net Taxable Value _____

Chairman \_\_\_\_\_

Commissioner \_\_\_\_\_

Commissioner \_\_\_\_\_

Date \_\_\_\_\_

Attest \_\_\_\_\_