



Application No. _____

APPLICATION FOR TAX EXEMPTION FOR REHABILITATED STRUCTURES

City Assessor's Office
P. O. Box 820
Portsmouth, Virginia 23705-0820

I hereby request partial exemption from real estate taxes for qualifying property to be rehabilitated as provided in City Ordinance No. 1980-74, Article XIV, Sections 35-229 and 35-230 of the Code of the City of Portsmouth, Virginia.

Owner: _____

Address of Property: _____ Map _____ Parcel _____

Date Built: _____ Estimated Cost of Rehabilitation: \$ _____

Property type: Residential Commercial/Industrial

Located within Enterprise Zone: Yes No

Description of work: _____

I certify that the statements contained in this application are to the best of my knowledge both correct and true.
Given under my hand this _____ day of _____, _____

Owner or Agent: _____

***Please remit completed application
to the above address or email to:
assessor@portsmouthva.gov***

Mailing Address: _____

Telephone Number: _____

OFFICE USE ONLY

1. Fee Paid _____ Receipt Number _____

2. Date this application received by the City Assessor _____

3. Date building permit approved by Building Official _____

4. Base value per Assessor's Office _____

5. Amount of exemption _____ Effective Date _____

ATTACH FEE OF \$50.00

MAKE CHECK PAYABLE TO: CITY OF PORTSMOUTH