



## Application – Conditional Certificate of Tax Exemption for Multiple Family Units Located within a Residential Target Area

6000 Main Street SW. Lakewood, WA 98499  
 Telephone: (253) 512-2261

Application Fee: \$800.00- \$1,200.00

Number Required:	Description of Required Documents:	Required:
1	Conditional Certificate of Tax Exemption Application.	A
2 sets	Preliminary floor and site plans of the proposed project.	A
1	8 1/2" x 11" reduced copy of the preliminary floor and site plans.	A
1	A statement acknowledging the potential tax liability when the project ceases to be eligible for the tax exemption	A
1	Verification by oath or affirmation of the information submitted.	A
1	For rehabilitation projects, the applicant shall also submit an affidavit that existing dwelling units have been unoccupied for a period of twelve (12) months prior to filing the application and shall secure from the City verification of property noncompliance with the City's minimum housing code.	A
1	If applicable, a statement that the project meets the affordable housing requirements as described in RCW 84.14.020.	A
Preliminary floor and site plans may be submitted in electronic PDF format.		

A = Always required.  
 M = May be required.



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### **Program Requirements**

***Project must meet the following criteria for special valuation on multifamily property:***

1. The project must be located within a Residential Target Area.
2. The project must not displace existing residential tenants of structures that are proposed for redevelopment. Existing dwelling units proposed for rehabilitation must have been unoccupied for a minimum of 12 months prior to submission of an application and must have one or more violations of the City's minimum housing code. Applications for new construction cannot be submitted for vacant property upon which an occupied residential rental structure previously stood, unless a minimum of 12 months has elapsed from the time of most recent occupancy.
3. The project must include at least four units of multi-family housing within a residential structure or as part of a mixed-use development. A minimum of four new units must be constructed or at least four additional multi-family units must be added to existing occupied multi-family housing. Existing multi-family housing that has been vacant for twelve (12) months or more does not have to provide additional units so long as the project provides at least four units of new, converted, or rehabilitated multi-family housing.
4. At least fifty (50) percent of the space designated for multi-family housing must be provided for permanent residential occupancy.
5. Proposed Completion Date. New construction multi-family housing and rehabilitation improvements must be scheduled to be completed within three years from the date of approval of the application.
6. The project must be designed to comply with the City's comprehensive plan, building, housing, and zoning codes, and any other applicable regulations in effect at the time the application is approved. Rehabilitation and conversion improvements must comply with the City's minimum housing code. New construction must comply with the International Building Code. The project must also comply with any other standards and guidelines adopted by the City Council for the Residential Target Area in which the project will be developed.

***Once this application is approved, then:***

1. The applicant and the City will execute a contract to be approved by the City Council under which the applicant agrees to implementation of the development on terms and conditions satisfactory to the City Council.

2. Once this contract is executed, the City will issue a Conditional Certificate of Acceptance of Tax Exemption based on the information provided by the applicant. The Conditional Certificate will be effective for not more than three years, but may be extended for an additional 24 months under certain circumstances.
3. Once the project is completed and all contract terms have been fulfilled, at the applicant's request, the applicant will receive an application for Final Certificate of Tax Exemption, which the applicant must complete and return to the City of Lakewood Community & Economic Development Department.
4. Upon approval of the application for Final Certificate of Tax Exemption, the City will within 40 days of application, file the Final Certificate of Tax Exemption with the Pierce County Assessor's Office.

Please Note: The Pierce County Assessor may require the applicant to submit pertinent data regarding the use of classified land.



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## APPLICATION INFORMATION

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY OWNER 1: (mandatory if different from applicant)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

## PROJECT INFORMATION

### Property Description

Name of Project: \_\_\_\_\_

Street Address of Project: \_\_\_\_\_

County Assessor Parcel Number(s): \_\_\_\_\_

Term of Exemption Applying for:

8 years                       12 years

Interest in Property:  Fee Simple     Contractor Purchaser     Other (describe below)

Other (description):  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Construction**

New Construction:  Yes  No

Rehabilitation of Existing Units:  Yes  No

*If rehabilitation/demolition, applicant must secure from the City verification of property noncompliance with applicable building codes.*

***Intended Project Construction Timeline(s):*** \_\_\_\_\_

**Number & Type of Units**

Number of Units – New \_\_\_\_\_

Number of Units – Rehabilitated \_\_\_\_\_

Are the total numbers of units more than the number of units for which you are requesting a Tax Exemption?  Yes  No

Number of Units Proposed: Studio \_\_\_\_\_ One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_

Other \_\_\_\_\_

Number and percentage of affordable units (if any): \_\_\_\_\_

**Description of Building Use**

Required Preliminary Plans are Attached:

Site Plan  Yes  No

Floor plans  Yes  No

Describe building use and square feet intended for use:

Identify square feet of commercial space (if any): \_\_\_\_\_

**Cost of Construction** Project cost of new construction/rehabilitation: \_\_\_\_\_

Source of Cost Estimate: \_\_\_\_\_

Expected Date to Start Project: \_\_\_\_\_

Expected Date to Complete Project: \_\_\_\_\_

Provide a brief statement describing the project and setting forth the grounds for qualifications for tax exemptions in the space below (attach additional information if necessary):

*(Please attach additional information if necessary.)*

**AFFIRMATIONS**

- I understand that the value of new housing construction, conversion, and rehabilitation improvements qualifying under this chapter is exempt from ad valorem property taxation for eight (8) successive years for market rate housing, and twelve (12) successive years for qualified affordable housing multi-family projects beginning January 1st of the year immediately following the calendar year of issuance of the Final Certificate of Tax Exemption eligibility. \_\_\_\_\_ (initial)

- I understand that by December 15th of each year and/or within 30 days after the first anniversary of the date of filing the Final Certificate of tax Exemption and each year thereafter, I will be required to file a report with the City of Shoreline that provides detailed information concerning rental rates, occupancy, and tenant incomes during the year. \_\_\_\_\_ (initial)
  
- I understand at the conclusion of the exemption period, the new or rehabilitated housing cost shall be considered as new construction for the purposes of chapter 84.55 RCW. \_\_\_\_\_ (initial)
  
- I am aware of the potential tax liability involved when the property ceases to be eligible for the tax exemption incentive. \_\_\_\_\_ (initial)
  
- I affirm that the submitted information is true and correct, subject to penalty of perjury under the law of the State of Washington.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

Applicant Signature: \_\_\_\_\_